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THE SAINT LOUIS
Medical and Surgical Journal.

SEMI-MONTHLY.

[ESTABLISHED 1843.]

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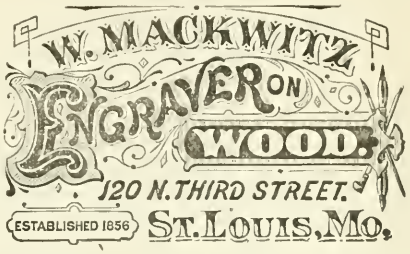

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Sabin & Duckworth.....Louisville
Shaw, Jas. G.....Frankfort
Smith, Eli.....Medicine Lodge
Sprague, A. C.....Phillipsburg
Thomson, A. S.....Lyons
Wassam, Dr. A. M.....Eureka
West, I. P.....Columbus
Weed, Frank S.....Russell

KENTUCKY.

Baker, U. G.....McKee
Bass & Turner.....Bowling Green
Burnside, W.....Lancaster
Carpenter & Read.....Scottville
Combs, John J.....Hazard
Dickerson, W. F.....Mt. Sterling
Elliott, Green.....Barboursville
Hackett, Thos.....Brooksville
Hannan, Dr. L. F.....Harlan
Higgins, J. T.....Owensboro
Hillyard, J. H.....Marion
Lyon, W. B.....Russellville
Lemon, James R.....Louisville
Maxwell, Dr. James A.....Princeton
McDowell, Wm. A.....LaGrange
McKay, Dr. C. W.....Shepherdsville
McQuiddy, Dr. R. I.....Lawrenceburg
Nickels, Wm. H. & Sons.....Whitesburg
Peak, Dr. R. I.....Owenton
Pedigo & Williams.....Edmonton
Sanders, S. G.....Boonville
Sterett & Duncan.....Hawesville

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Briggs & Heck.....Danville
Byars & Trigg.....Texarkana
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Dunklin, J. P.....Pocahontas
Hubbert & Mount.....Elm Springs
Kirkpatrick, Dr. J. N.....Elm Store
Martin, J. H.....Powhattan
Moore, J. C.....Benton
Moore, H.....Lewisville
Wallis, J. H. P.....Mountain Home
Wright, M. W.....Evening Shade
Youmans, Dr. J. V.....Lewisville

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Cain, E. M.....Wetumpka
Goldthwaite & Son.....Troy
Hurd, Jos.....Prattville
Mushat & Belgart.....Hayneville
Parker & Armstrong.....Columbiana
Roughton, Dr. J. F.....Greenville
Taylor, J. O.....Greenville

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Talbert & White.....105 Central-av. Minneapolis

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Browne, Dr. J. A.....Kosciusko
Hill, J. W. & Son.....Senatobia
Hunt, E. N.....Ripley
Price, W. T. & Co.....Enterprise

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Bunting & Pepper.....Bristol
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Franklin, J. C.....Lynchburg
Goodyear, D. F.....Memphis
Hills, J. B.....Covington
Lovell, C. H.....Edgefield
McKinney, C. S. & Co.....Ripley
Minor, John V.....Gainsboro
Rawlings, John G.....Chattanooga
Scott, W. M. & Co.....Brownsville
Spence, R. P.....Athens

INDIANA.

Baldwin, S. D.....Washington
Batterton, Frank.....Greensburg
Boyd, Dr. B. H.....Lafayette
Bradley, H. H. & Son.....Frankfort
Croubach, Manuel.....Mt. Vernon
Hendricks, J. B. & J. E.....Petersburg
Hill, D.....84 Main st., Lafayette
Jennings, T. S.....Utica
Luken, A. G. & Co.....Richmond
Michael, C. H. & Co.....LaPorte
O'Haver, Chas. J.....Pleasantville

IOWA.

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Baldwin & Hutchins.....Hampton
Bunton, J. B. & Co.....Adel
Crawford, R. W.....Fort Dodge
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Glycerite of Animal Hypophosphites.

A BRAIN AND NERVE FOOD.

Composed of the Phosphorous principles of animal brain, blood and tissues, either normally in the Hypophosphite form, or so produced in the isolation of them.

Hensing isolated oleo and glycero-nitrogenous hypophosphites from animal brain in 1779. Jordan obtained them from this source in 1779, and Vauquelin in 1812. Courbe in 1834 found that the brain contained four different fatty matters, containing phosphorus in an oxidizable form. Polk in 1857 found in those dead from phthisis that the cerebellum and medulla oblongata did not contain over half of the amount of the oleo and glycero-nitrogenous hypophosphites normal to those nerve masses (see *Medical and Surgical Reporter*, Aug. 2d, 1873).

The Glycerite of organismal, animal, or brain hypophosphites is, then, nothing more or less than a solution of the oxidizable phosphorous principles discovered in animal brain by Hensing in 1779, a hundred years ago; a discovery confirmed by Jordan and others. There is nothing more mysterious, quackish, secret, or proprietary in this preparation, than there is in pepsin, pancreatine, or quinine. Dr. Polk has never copyrighted any preparation or violated either the letter or spirit of the code of ethics in this or any other manner. His claim to priority of use of isolated brain hypophosphites is sustained by Dr. Wiley, *Louisville Medical News*, June 2d, 1877; Dr. Ashmead, *Detroit Medical Journal*, October, 1877, and Dr. Williamson, *Cincinnati Medical News*, December, 1877.

The value of the animal hypophosphites must, however, be decided by clinical results, the only criterion by which any medicine can be estimated.

Twenty physicians declare it superior to any remedy they had previously used in phthisis.

Twelve physicians say it is unequaled in nerve exhaustion.

Eight physicians say it surpasses cod liver oil, iron, quinine, and other tonics as a blood maker, and nearly a hundred attest its efficacy in the nerve pains and troubles of women.

In obstinate vigilance it often produces calm and natural sleep, overcoming entirely the need for opiates. In these cases it acts by supplying the hungry brain with its normal pabulum. In this manner, also, it remedies nerve and brain exhaustion far more efficiently than any agent hitherto employed, as also recuperates the system shattered by sexual excesses. As a simple restorer of sexual debility it is inferior to Damiana. Glycerite of Animal Hypophosphites being the oxidizable phosphorous elements of the blood and brain, its physiological action is merely that of a nutrient, restoring to the system any deficiency which may exist of these elements. By its scientific and appropriate use, much good may be done with it, yet like every remedial agent, its value will in a large measure depend upon its judicious employment. Febrile and inflammatory conditions contra-indicate its use, as also plethora and the apoplectic diathesis.

For a detailed account of its indications and contra-indications, see Dr. Polk's treatise "Tuberculosis and Scrofulosis Causations, Lesions and Therapeutics." Imp. octavo, 952 pages, and "Glycerite of Kephaline," pamphlet, 16 pages: Latter sent free by addressing C. G. POLK, 2219 Catherine street, Philadelphia.

Composition of Glycerite of Animal Hypophosphites.

Isolated Hypophosphite of	Ammonium	parts,	6
"	Calcium	"	6
"	Sodium	"	4
"	Magnesium	"	8
"	Potassium	"	5
"	Iron (as a proto-salt)	"	3
Glycero Nitrogneous Hypophosphite		"	15
Free Hypophosphorous Acid		"	3
Pure Glycerine		"	50

DOSE: Twenty to thirty drops, thrice daily. Sold by

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In the treatment of DYSPEPSIA, CHLOROSIS, ANÆMIA, NERVOUS and MUSCULAR DEBILITY, NERVOUS and SICK HEADACHE, DYSMENORRHŒA, MENORRHAGIA, AMENORRHŒA, diseases of the Kidneys and Bladder, and such like organic or functional disturbances, I know of no remedy upon which I can rely with more certainly satisfactory results than the "Seven Springs Mass."
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TO THE MEDICAL PROFESSION.

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(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION
Contains from three to five times the Medicinal and Nutritive Elements found in the Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three to five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of MALTINE the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.*

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium, and *Potassium*, are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted *Barley Wheat* and *Oats*, that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereal, and is the only vegetable substance which will, alone, support life for a great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says "Wheat and Oats stand first among our list of cereals in combining all the elements in proportion necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of MALTINE is that it contains larger proportions of mineral matter (bone producers,) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and request a trial and comparison of merits with any article offered for similar uses.

* As a sure test for Diastase, and the Albuminoids a small quantity should be put in a test tube or small vial, largely diluted with water, and heated to the boiling point, when the Albumen, if present, will coagulate, and appear in little flocculent particles throughout the liquid. If the extract remains clear, it is proof that it had already been coagulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

MALTINE AND ITS COMPOUNDS

can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, Imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membrane and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE

MALTINE **With Hops.**

MALTINE, **Ferrated:**

This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

MALTINE **With Phosphates Iron and Quinia;**

A powerful general and nutritive tonic.

MALTINE **With Phos. Iron, Quinia and Strychnia;**

A powerful nutritive, general and nervous tonic.

MALTINE **With Pepsin and Pancreatine:**

One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constitutents of MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE **With Beef and Iron:**

One of the most valuable combinations in case of general Debility, where there is deficient nutrition and a deficiency of Iron in the system.

MALTINE **With Alteratives:**

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula and all depraved conditions of the blood.

MALTINE WINE.

This preparation contains all the medicinal and nutritive constituents of MALTINE, less 60 per cent, of the transformed starch or glucose, which renders the preparation lighter and more acceptable to some stomachs, and is recommended only in such cases.

MALTINE WINE **With Pepsin and Pancreatine;**

(*Each fluid ounce of MALTINE WINE contains 15 grains pure PEPSIN and 15 grains pure PANCREATINE.*)

We can recommend this preparation to the Medical Profession as being the most important remedy ever brought to their notice in all cases of Dyspepsia and Imperfect Nutrition, when the system needs invigorating and replenishing. It will be found, we believe, a perfect remedy in Vomiting in Pregnancy, Cholera Infantum and wasting diseases of children, and in Constipation and Chronic diarrhœa resulting from mal-nutrition. It will agree with the most irritable stomach.

MALTO-YERBINE.

(*Each pint of the above preparation contains 13 ounces of MALTINE, 2 ounces CARRAGEEN and 1 ounce of YERBINE.*)

With the nutritive, emolient, and demulcent properties of MALTINE and CARRAGEEN, and the expectorant qualities of YERBINE, (active principle of Yerba Santa,) we offer this preparation with the fullest confidence that it is the most perfect remedy yet produced in Chronic Pulmonary Affections, Irritation of the Mucous Membrane, Difficult Expectoration, Bronchitis, and ordinary Coughs and Colds.

The Dose of all preparations of MALTINE and compounds is from a dessert to a tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only*.

MALTINE preparations are sold at the same price as EXTRACT OF MALT and its combinations, and are put up in half-pint, pint and five pint amber bottles; each bottle inclosed in a folding paper box.

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WYETH'S DIALYSED IRON.

(FERRUM DIALYSATUM.)

A Pure and Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

JOHN WYETH & BRO..

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the very best mode of administering

IRON

in cases where the use of thts remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upou the perfect dialysation of the solution. The samples of German and French Liquor, Ferii Oxidi Dialys,., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently lqng, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior) the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store, to supply such an emergency.

Full directions accompany each bottle.

Physicians will find our **Dialysed Iron** in all the leading Drug Stores in the United States and Canada.

It is put up in bottles retailing for **One Dollar,** containing sufficient for two months' treatment. Large size is intended for hospitals and dispensing. Retail at $1.50. Price Lists, etc., sent on application.

JOHN WYETH & BRO.

PEPTONIC PILLS.

Pepsin, Pancreatin, with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want or proper secretion of the Gastric Juice. By supplementing the action of the stomach. and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident that further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure Pepsin, and one of pure Pancreatin, which is equivalent to 10 grains of the odinary or saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the Dyspeptic being due to a full and effectlve dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS.—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children reduce the pill to powder and give a fourth or half, according to age.

JOHN WYETH & BRO., Chemists, Philadelphia.

MENSMAN'S PEPTONIZED BEEF TONIC.

The great necessity for a fluid food that would possess *all the elements necessary for the support of the system* having long been felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fiber, blood, bone and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit; thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 16 oz. and 12 oz. bottles.

"DR. MENSMAN'S BEEF TONIC

Is a complete representative of lean and fat beef, bone, blood and muscle. It consists of all the properties which combine in the development of the animal body, which are liquefied by an artificial process, simulating natural digestion, and retaining all of their alimentary values. It contains in their perfection all the natural elements of the meat in their natural quantitative relations, without their extraneous or indigestible properties, and therefore requiring the least possible effort on the part of the stomach for its conversion into chyle, and its immediate absorption by the system.

"This tonic is free from any drugs or chemicals, and is a great invigorator or recuperant. I have used this preparation in several cases of sickness of a character which enables me to give the most favorable opinion of its great value, in extreme sickness. Some of the cases referred to are hemorrhage of the bowels, typhoid fever, bilious fever, inflammation of the bowels, where the greatest possible prostration was present, and in which I found this meat tonic to accomplish results I could not obtain with any other preparation. It is a gentle stimulant, and allays the peculiar irritation of the stomach, which destroys the appetite in all forms of disease, when the tone of the stomach is destroyed."

"We published the above article in the November No. of 1877, and will say that we have prescribed the tonic daily to date with the very best results."—Ed. Med. Eclectic.

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Original Contributions.

ARTICLE IV.

THERAPEUTIC AND HYGIENIC MANAGEMENT OF CONSUMPTIVES. By JAS. F. HIBBERD,* M. D., of Richmond, Ind.

My paper is intended to be a plea for simplicity and rationality in the management of consumptives. I am not about to tire your ears by repeating the oft told tale of the ravages of consumption among the constituents of the gentlemen present.

My desire is to convince that bad management may grievously increase the suffering of the victims of this frequent malady; nay, more, may cause some to die who, under good management, would live.

I shall not weary you with a discussion of the distinctive characteristics of tubercular, of catarrhal, and of fibroid consumption, not because the differential diagnosis of these states is not important, but because the general remarks I have to submit, if of any value, are applicable equally to all and singular of these thoracic disorders.

My purpose is, if possible, to excite a conviction in my fellow-general practitioners of medicine that a careful survey of our duties and privileges with our consumptive clients will notify us,

* Read before the Tri-State Medical Society, held at Evansville, Ind., November 4, 1879.

unfailingly, that we must resist the pressure that is almost certain to be brought upon us to give too much medicine and prescribe or sanction wrong hygienic regulations.

Some of our consumptive patients will be found among the affluent, who can command every luxury, and can afford to gratify every whim; some will be met with among the poor, so oppressed by pinching poverty that they are minus the necessaries of common life; but the majority of them are found in the major class of society, the well-to-do mechanic, business man and laborer, who can afford all the necessaries and some of the luxuries of their locality and time, but who cannot be sent away from home for climatic treatment, and who must have regard for economy in their management at home.

It is among this last class that the general practitioner will find most of his consumptive patients, and those who will longest require his skill, and it is more especially for these that I plead for simplicity in medication and hygienics, begging that no effort be made with purturbating medicine to vicariously supply the place of the luxuries of the wealthy, nor by directing the superheating of imperfectly ventilated rooms, attempt to supply a Florida climate in an Indiana winter.

Am I doing violence to the status of the profession in assuming that at least a moiety of general practitioners of to-day look with favor on the long list of drugs recommended for consumption by our text books, by our teachers, and loudest of all by our manufacturing pharmacists, and that not a few of our medical men still cling to the conviction that many prepared remedies have a special value, if not a specific virtue, in consumption?

In April, 1867, I saw Mrs. S., æt. 33 years. She had been treated by several physicians and by Dr. Blank for a number of months. She was thin, pale, feeble and feverish; had a bad cough, with expectoration; had moderate appetite, which, however, she had been forbidden to indulge, except in what used to to be known as "sick food," viz., thin meat slops, panada, jellies, tea and coffee, and various farinaceous grains in sundry conditions.

On taking her under my care her diet scale was liberalized at once; indeed all restrictions were abolished, except such as her own experience dictated, and she was encouraged to eat savory meats, fruits, vegetables, milk, eggs, and all kinds of palatable nutritious compounds.

Her late physician had put an embargo on all out-door exercise because of the danger of the variable vernal weather, inducing colds and aggravating especially her cough. This embargo was promptly raised; she was instructed to suitably array herself and take the open air daily, which she did, but at first with fear and trembling, because her own untutored notions harmonized with Dr. Blank's professional views, that the direst thing in her condition was to catch cold, and the surest way to meet with this misfortune was to go out of doors.

A formidable array of cough syrups, phosphates, "chemical food," alterants and bitter tonics were discarded, and in lieu thereof some quinia was prescribed, and a little morphia—mark, I say a *little* morphia—was given to soothe her cough and—dare I say it, to strengthen her digestion. Chlorate of potash was given as a placebous stand-by, and per consequence in placebous quantities.

She had been failing for months, but she began to improve at once and soon had gained some weight, considerable strength, was taking fair exercise in-doors and out, had good appetite, and felt like a new being.

Having attained the best degree of health her constitutional infirmity and attendant damaged lung admitted of, she remained, with some fluctuations, in about that average condition until in the summer, when she went to the hill country of Ohio, and died there the following year.

This was from the first recognized as a hopeless case for recovery, but the change in management did all that was anticipated, added many fold to her life comfort while under my observation, and this I hold to be a consummation worthy of earnest work when a cure is beyond our powers.

Another Case: J. H., a large man aged, say 45 years, came to me in October, 1872, emaciated, feeble, with daily exacerbations of fever, cough, free expectoration, poor digestion, weary and worn.

Had been physicked and fretted with perturbating medicines, taken mercurials, nauseating expectorants, some domestic preparations and patent medicines, and had maintained a low diet, both from inclination and injunction.

Directed him to keep out in the air, or at least away from the close, bad air of his shop, eat everything that was good, gave him quinia, small doses of chlorate and nitrate of potash with licorice,

through the day, and, say the tenth of a grain of morphia at night. In a month I discharged him from drugs, and by the new year he was well, and has remained so. Could he have recovered without a change of management?

Among the drugs that at one time or another have had attributed to them a special, if not a specific remedial agency in consumption, may be numerated cod liver oil, certain phosphates, certain hypo-phosphates, chlorate of potash, extract of malt, whisky, the inhalation of the vapors of certain balsams, so-called antiseptics, and the like.

Twenty-five years ago every doctor prescribed cod liver oil, or a disagreeable stuff called cod liver oil, to every consumptive he attended, but now the refined and palatable preparation bearing the same name, is counted of small value by those best cultivated in the therapeutics of the phthisical.

Many of my audience will remember that near twenty years ago a promising physician in Iowa promulgated the theory that the nascent oxygen derived from the decomposition of chlorate of potash in the human system would cause the breaking up and absorption of pulmonary tubercles, and to prove the entire innocence of the drug, himself took an overdose, and died of its effects. The sacrifice was fruitless, for his theory, never extensively adopted, long since fell into complete desuetude.

Another man, a foreigner, I believe, some fifteen years since, so far convinced the medical world that the phosphates of iron, lime and soda were of specific value in consumption, that the progressive of said world were dosing all such patients with the drugs singly or combined, and at a later day the hypophosphites had a like reputation, and for a space were perhaps equally popular.

It is not many years since the fashionable therapeutics of the day demanded inhalation for consumptives, and diverse stylish apparatuses were manufactured for conducting the operation, and the vapor of many medicaments were deemed useful.

By these remarks it is not intended to assert that these drugs should never be administered in consumption, but to make the point that they have no specific value in that disease, and if they are given, it must be to meet some indication not necessarily symptomatic of consumption.

And the same observation may be made concerning a list of medicines recited in a paper read to the last meeting of the State

Medical Society of Ohio by Dr. Bartholow. This distinguished physician numerated about thirty drugs to be relied on in consumption, and the manner of presenting them leads one to infer that consumptives must, in Dr. B.'s estimation, be constantly dosed with one or the other of them. Perhaps the author did not intend to inculcate this idea, but it is the reasonable conclusion one legitimately reaches on reading his paper. Indeed, in presenting atropia as a remedy for the hydrosis of consumption, he says: "It is prudent to begin with a comparitively small dose, say $\frac{1}{120}$ of a grain, and increase the quantity according to the effects, but it is rarely necesary to give so large a dose as the $\frac{1}{60}$ of a grain. The amount necessary to stop the sweating is the dose required." Literally inforced, how many patients would survive the execution of this injunction?

Stillé, in his therapeutics and materia medica mentions twelve drugs as remedies in consumption and in the National Dispensatory he names twenty-four, and it is a curious fact that only one article—cod liver oil—is found in both lists. The former book was published in 1860, the latter in 1879. According to Stillé, therefore, the number of drugs profitable in consumption has just doubled in nineteen years, but all remedies that are now valuable are fresh recruits except one.

If we look upon consumption as a compound disease, which it really is, and we have regard to some of its more prominent constituents, and then consult Stillé, in the same dispensatory, or his commendation of remedies for these constituents, severally, we shall find an extended catalogue of drugs at our command. For example, dyspepsia may be counted a constituent of consumption, and for this Stillé enumerates eighty-seven remedies; another constituent is bronchitis, and for this he has 132 remedies; hæmoptysis is a third, and for this seven remedies, and opium not among them; for cough, nine remedies; for diarrhœa, 100 remedies; for colic sixty remedies; making a total of over 400 remedies for consumption and the constituent disorders of which it is composed.

Does somebody say that it is not a fair consideration of the character of a dispensatory to attribute to its author an approval of all applications of medicines narrated in his book, it being but his reasonable duty to collate the sentiments of others and present them to his readers whether he approve them or not? But a sufficient answer to this challenge is found in the fact that such

an author is bound to pick out and publish, from the mass of matter coming under his notice, such recommendations, and such only as he may deem to have merit.

Dr. Joseph Lieutand, a Frenchman, physician to Louis XV., wrote a synopsis of practical medicine, which was translated and published in Philadelphia in 1816, and his recommendations for the treatment of consumption, are venesection, cathartics, milk—especially of asses and mares—borage, lung wort, the capillary herbs, colt's-foot and maiden's-hair, Speedwell, St. John's wort, ground-ivy, benzoin, gum ammoniac, natural balsam, balsam of Lucatellus, sulphur, tar-water, Morton's balsamic pills, diacodium, pills of Cynoglosso, horse-back riding, walking near rivers, cautery to the occiput or scapula. Avoid wine, fermented liquors, and salted or peppered food. But he advises caution in in the use of venesection, saying, "But from this inconsiderate blood letting I remember to have seen many hurried off to their ethereal habitations."

A standard work, not quite so old as Lieutand's, gives a compact statement of the treatment of consumption in these words: "The antiphlogistic regimen, repeated small bleedings, digitalis, blisters, antimonials and squills. A seton, nutritive diet, an emetic of sulphate of copper or ipecacuanha every second morning, and Griffeth's myrrh mixture three times a day, exercise, warm clothing, bitters of cinchona, opium. If sweating be troublesome, elixir vitriol, if diarrhœa, ripe fruits and catechu."

It may appear like a waste of words and a misappropriation of your time to rehearse these old therapeutic proceedings, but my purpose is to convince that the treatment of consumption in all the earlier years of the century followed the fashion of the day just as it does now, and on this fact lay a foundation of unimpeachable substantiality for the superstructure of simplicity in the hygienic and drug management of consumption that I desire so heartily to advocate. Not that I wish to inculcate the idea that there is no help in hygiene, and no merit in medicine, but to excite faith in the proposition that nature unassisted can do much for consumptives, that nature properly assisted can do more, and to call attention most impressively to the fact that presumptious, officious and perturbing art may not only abrogate the curative tendencies of conservative nature, but may actually join the corroding disease in passing prematurely the conscript of consumption beyond the shadows of time. In the practical lan-

guage of Lieutand these victims may thus be "hurried off to their ethereal habitations."

The temptation to over medicate consumptives is strong, multifarious and enduring, perhaps not equalled in any other chronic and equally serious ailment. The patient himself is anxious to improve and urgent for medicine to do it. Many of his friends tell him of many doctors who have had wonderful and rapid success in cases like his. Most of his visitors know of remedies—each of a different one — domestic or proprietary, which has cured many consumptives. These and other proddings have their effect on the sensitive doctor, who feels impelled thereby to a more active and impressive treatment of his patient to convince him that the reason he does not yield to any of these suggestions is because he can do better. And another incentive pushing the doctor to much medication and many drugs is, if he be newly fledged in the profession, the array of hundreds of drugs recommended by his standard text books, and if he have had practice, by his own experience, added. In other cases he has exhibited divers medicines in succession, his patients improving, some after one remedy, some after another, and he feels derelict until he has used all, in the case in hand, that have been of service before.

But experience does not necessarily create wisdom. *Post hoc ergo propter hoc* is the blinding fallacy of practical medicine and its misleading, false logic will continue to guide us wrong until we shall be so fortunate as to understand the natural history of diseases. This will be difficult to obtain in consumption because it is more than a conscientious physician, who believes he knows of means to help, can or ought to do, to stand idly by and let a consumptive suffer unassisted, even if recovery were to be the certain result. And yet it will be but a staggering progress in therapeutic improvement we shall make until we do know the natural history of the disease; not that this is required to discover to us that much is done in the treatment of consumption that is mischievous, but that it is essential to enable us to reach the true in its management.

Prof. Flint, senior, has placed the profession under many obligations in this behalf by his writings, and most recently by a paper read to the New York Academy of Medicine in May, 1879, entitled "Self-Limitation in Cases of Phthisis." In this paper Prof. Flint refers to 670 cases of consumption under his observa-

tion during thirty-four years, and of these 44 got well and in 31 the disease ceased to progress without the aid of medicine or special alteration of habits. In 75 out of 670 cases of consumption, therefore, the tendency of the disease to self-limitation was sufficient, and this amounts to 11.2 per cent. Can any one in this audience affirm that he has had a better success than this, under whatever treatment he has instituted? Is there, indeed, any one in this assembly who can assert that he has had a personal experience with consumptives that led him to believe that in every 1000 cases 112 would recover or the disease become non progressive, under the very best hygienic and therapeutic management? And yet here is the unequivocal testimony of one of the most acute and candid medical men in the Union, that this percentage did recover or become non-progressive, within his knowledge, uninfluenced by medicine or special hygiene. Is any physician present prepared to doubt or ignore the statement of Prof. Flint? Not one, I venture to assert, and if not, what an impressive lesson his figures present. Conceding that 11 patients in every 100 cases of consumption will get well if we give them no medicine nor management at all, would not our experience in the disease raise doubts, interior and unvoiced, whether we had not done mischief in its management by our much art, for I think it safe to assume that we do not restore 11 cases in every 100 we treat. For this we must find our justification and our consolation in what it is fair to presume to be a fact—that those consumptives who trust to nature and get well, we neither see nor have know'edge of, while those who trust to nature and nature fails them, come under our charge with the seal of death already upon them. Still, I repeat, Flint's statistics constitute a lesson most opportune, most impressive, most valuable, and one that I deem unequivocally to sustain and emphasize the plea I make for simplicity and caution in the administration of drugs to consumptives.

While I enter my protest against wrong and excessive medication in consumption, it must not be held to imply that I deem the physician should, in the presence of a consumptive patient, fold his arms and do nothing. Instead of this, he should be active, vigilant and earnest. He should seek to establish the patient's faith in his thorough knowledge of his ailment and his ability to treat it as successfully as it can be treated.

Recognizing that climatic treatment for certain cases is valuable, let him send his patient to a suitable region if his condition

demand it and he can afford the remedy. If one or the other reason forbid his seeking other localities, remember that proper hygienic surroundings at home are of equal or greater importance than drugs. Then discard the depleting remedies, including blisters, tartar emetic and croton oil eruptions; all nauseants, as cough remedies; all drugs that interfere with the appetite, digestion and assimilation; and every possible and plausible simple or compound that claims a specific virtue for any symptoms of consumption, and has no other recommendation; and this will leave the practitioner on the only safe ground for the administration of drugs in consumption, and he will find that about all he has left of value for their essential and direct and positive medicinal effects are cinchona and opium, or rather their alkaloids, and possibly iron. Mark, I say direct and positive medicinal effect of drugs, for without denying that cod liver oil, extract of malt, whisky and similars may be valuable in consumption. I suppose if they are, it is as nutrients, and not as medicines.

My abnegation of disturbing medication in consumption does not reach over into the field of treatment for the multiple complications that may intercur in the progress of the disorder. If pneumonitis, if pleuritis, if dysentery or erysipelas should supervene, it must have appropriate treatment, and appropriate in this connection includes a recognition that the new disease is one added to the old, and the two co-existing.

Other considerations are as important in the treatment as the direct influence of drugs. There are, perhaps, no patients with chronic diseases more importunate for active medication than consumptives, and this mental yearning for curatives must be gratified by real or seeming efforts on the part of the doctor, or no good progress can be made. No experienced physician has failed to note the significance of the mental states of his patients in many pathological conditions, and none will deny that consumption is among those that demand the clearest recognition of this phase of ill health. But to meet this indication does not require powerful or disturbing medicines; anything that surely does no mischief will answer, provided that it be given with the precision and earnestness that should characterize the administration of active drugs, and this should be done to maintain the faith and confidence of the patient. It may be difficult to maintain this faith and confidence through the weary weeks and months of the malady, but failing in this the physician had best

retire. It is in exceptional cases only that one finds a patient of this class so happily constituted that one may candidly tell him that but little medicine is required, that his chief reliance must be on nature and a well regulated hygiene.

And this discloses another point of interest, viz., that in the management of consumptives it is wise not to take the patient too closely into one's confidence concerning the drugs he is taking and the quantities administered. I can hardly conceive of a condition that such confidence would benefit, but clearly recognize a multitude where it would suborn the ends aimed at. Strategy is, relatively, sometimes as necessary in medicine as in war.

Let no hasty casuist arise and under a mistaken view of the proper relation of confidence that should exist between physician and patient, charge that this position is in violation of the ethics of truth and candor, that should bind the profession under such circumstances. The course of action suggested involves no violation of concrete truth or candor, and if the premises be correct, a contrary line of conduct would rob the practitioner of an important factor in the successful management of his patient, to do which would justly subject him to animadversion.

It was my intention to have further illustrated my views by reciting cases, but my paper has already reached legitimate limits, and I will close by summarizing the leading points I have attempted to present:

1st. Consumption is a self-limited disease; and

2d. It Should, therefore, be managed through its stages as is done with other disorders of its class.

3d. Statistics point to the conclusion that rather more than 11 per cent of consumptives will recover if left to nature entirely.

4th. Clinical study leads to the inference that judicious treatment may increase this percentage of recovery.

5th. A survey of the popular professional methods of management raises the presumption that they are far from the best.

6th. Consumption has no specifics and demands but little medicine, the only drugs required for their essential and direct action being the alkaloids of cinchona and opium and perhaps iron.

7th. Recognizing the real nature of consumption, the profession should set their faces firmly against the multitudinous remedies prescribed in many text books, and positively repudiate

the numerous nostrums now so industriously forced on the attention of practitioners by manufacturing chemists and other mercenary persons.

8th. Rational simplicity in therapeutics is desirable in all diseases; it is a scientific and a humane necessity in consumption.

Since writing the foregoing essay, I have read in the *Cincinnati Lancet and Clinic* the *Glasgow Medical Journal's* translation from the French of the ten propositions which conclude a long series of papers on pulmonary tuberculosis, by Prof. Peter. These are so apropos of the present discussion, and so in accord with my own sentiments, that I beg to submit four of them as an addendum to my dissertation, viz.:

"6. Galloping phthisis and acute phthisis are perfectly uncontrollable by any of the therapeutical measures at our command.

"8. Tubercle, indeed—and this is no paradox—shows a natural tendency to cure—1st, by softening and expulsion, a process which does some damage to the lung by producing excavation, but which may safely end in cicatrization; 2d, by fibroid degeneration of the affected part; 3d, by calcification.

"9. It is stated above that tubercle may be cured; it would be nearer the truth to say that its evolution is arrested; that it ceases to exist; that it *dies*.

"10. The grand problem, therefore, in the treatment of the tuberculosis is *to enable the patient to outlive his tubercles*, a problem which, in a great many cases, is certainly not insoluble."

Translations.

FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By Dr. A. H. OHMANN-DUMESNIL, of St. Louis.

A CASE OF SPONTANEOUS VERSION.—M. Tèdenat relates the following: Marie G., primipara, æt. 24, of good constitution, had an excellent gestation. On January 5, 1877, towards evening, she felt pains in the lumbar and hypogastric regions, not being very marked. At 2 A. M. they became violent; she arose and felt the escape of waters, which were abundant; this escape recurred several times. From 6 to 10 A. M. the pains, which had diminished in number and intensity, re-appeared and were again accompanied by a flow of amniotic liquid. At 12 she walked about a kilometer (nearly two thirds of a mile) to the maternity, but remained outside until 8 P. M., through some misunderstanding. During this time the pains occurred irregularly, the waters escaping in small jets.

When admitted, the presentation was easily recognized as one of the right shoulder, the back anteriorly. The shoulder occupied the center; this was in the right iliac fossa, and the feet in the left, high up. The diameter of the os was 3 to 4 cm. and dilatable. The membranes were ruptured, and the uterus was somewhat retracted. The fœtal heart beats were regular.

Whilst preparations were being made to practice version, the uterus began to contract irregularly. At first a strong contraction occurred in the left half of the uterus, which became hard and tense, whilst the right half remained flaccid. The hand placed upon the head of the child felt it plainly rise, whilst the shoulder was somewhat displaced. Another contraction of a similar nature, but passing to the right, followed. The head had again assumed a higher plane, but the feet had not changed their relations. After a few moments another contraction of the left half took place. The head rose high up, and, at the same time, the feet descended, a contraction of the right half of the uterus, increasing the movement of version. After six or seven alternate

contractions, the transverse presentation had been changed into a pelvic (left anterior sacro-iliac). One hour after, the delivery was effected by the sole forces of nature. The child, a boy, was healthy, weighing 3,200 grms. (a little over seven pounds avoirdupois), and being 49 cm. (nearly 19 1-3 inches) long.

The placenta was incarcerated, but delivered without difficulty. The uterus was imperfectly bifid, a small septum being present in its upper part.—*Lyon Médical*, Dec. 7, 1879.

ARTHROPATHIES OF ATAXIC SUBJECTS.—At the Biological Society M. Regnard presented a femur from an ataxic patient, the bone being greatly reduced, the head particularly. A chemical analysis gave the following:

Organic matter	Osseine	38.
	Fats	37.78.
Inorganic matter	Calcic carbonte	11.
	" phosphate	11.9.

From this it is seen that some of the calcic phosphate was replaced by fats. This he supposes is the cause of the troubles of joints in ataxic patients.—*Gazette des Hôpitaux*, Dec. 9, 1879.

REPAIR OF BLOOD SUCCEEDING ACUTE DISEASES.—M. Hayem made the following conclusions in a paper presented to the Academy of Medicine. First, the evolution of blood, arrested during the course of an acute disease, re-appears at the time of defervescence. Second, the rebuilding of blood in homatines is effected by means of a production of homatoblasts. Third, as far as the course of these phenomena is concerned, a distinction must be made between acute lesions of short duration and rapid defervescence, and those having a slower course and whose defervescence is lingering. At all events, this repair of the blood is analogous to that which succeeds hemorrhages and particularly to losses of blood of long duration. As a consequence of the homatoblasts, the blood of convalescents contains, for a variable time, incompletely developed red corpucles, which tends to lower the mean quantity of coloring matter in all the red discs.—*Paris Médical*, Dec. 11, 1879.

LOCAL TEMPERATURE IN ABDOMINAL AFFECTIONS.—M. Peter, in a communication to the Academy of Sciences, gave among other

interesting details the following: In ascites the temperature of the abdomen is normal or slightly lower than that of the body in general. In simple chronic peritonitis, chronic tubercular peritonitis or chronic cancerous peritonitis the local temperature is elevated from 0.8 to 2°. C. above normal.

The thermometer employed was an ordinary one applied with great care. That devised by Dr. Seguin, of New York, would no doubt produce better and more reliable results.—*France Médicale*, Dec. 13, 1879.

APPARATUS FOR THE GRADUAL DIMINUTION OF TEMPERATURE. —M. Dumontpallier gave a description, at the Biological Society, of an apparatus having many advantages over the methods hitherto practiced. It consists of a double sheet, upon which the patient lies; between the two layers there is a rubber tube, making no less than eighty turns upon itself. Through this tube cold water is made to circulate at the rate of about 1.5 litres per minute. From the moment that the water, which escapes, marks 12° C. the gradual diminution of temperature takes place. —*Progrés Médical*, Dec. 13, 1879.

FROM THE SPANISH.

DR. A. H. OHMANN-DUMESNIL, Translator.

ANÆSTHESIA IN OPHTHALMIC SURGERY.—Drs. Fernandez and Gago, in a lengthy paper on this subject, present a record of some 178 detailed cases in support of the following conclusions to which they have arrived:

1st. Anæsthesia is indicated in very severe operations and in those in which the delicacy of the work demands perfect immobility; this being especially needed in women and children.

2d. Anæsthesia ought to be confided to a reliable person, as the result in many cases depends upon this; it is necessary that there should be no groundless alarm, and on the other hand, not too much temerity in administering the anæsthetic.

3d. Anæsthesia is contra-indicated in all persons affected with respiratory or circulatory lesions. Notwithstanding which, we have occasionally been forced to employ it in patients affected with heart diseases, and did so without their presenting alarming symptoms.

4th. Chloroform is preferable to ether.

5th. The chloroform employed ought to be chemically pure; the surgeon should test it as far as possible in regard to its various physical properties.

6th The chloroform ought to be kept in tight bottles of 60 to 90 grms. capacity, otherwise the prolonged action of the air alters it and renders it less effective.

7th. During its administration the room in which the patient is operated upon should be kept close; a current of air prolongs the time and renders it necessary that a greater quantity of anæsthetic should be inhaled to obtain the same effect.

8th. The method of rapid inhalation is the preferable one; if symptoms of asphyxia or convulsions supervene, it is prudent to suspend anæsthesia for a short time and if the symptoms recur a second time it is better to discontinue it. The method of giving chloroform intermittingly is both absurd and dangerous.

9th. Anæsthesia should not be undertaken without a competent person to watch the pulse and breathing carefully.

10th. The abdominal respiration is of greater importance than the pulse; its suspension is the first justifiable symptom of alarm, and to it we owe the fact that we never had an accident.

11th. Anæsthesia is applicable at any age.

12th. Children come under the influence of chloroform easily and rapidly.

13th. Aged patients, in general, offer more resistance.

14th. Patients with weak intellect succumb with the same facility as children and inhale the chloroform without repugnance and with great tranquility.

15th. Pregnancy is no contra-indication to anæsthesia.

16th. In patients who are refractory to the action of chloroform, it is facilitated by giving them, about twenty minutes before inhalation, a dose of chloral, or better, a hypodermic injection of morphia.

17th. Anæsthesia may be prolonged for one hour or more by giving inhalations whenever signs of returning sensibility occur.

18th. Life is not in danger as long as the patient breathes.

19th. In ophthalmic surgery anæsthesia ought to be complete, for semi-anæsthesia, whilst depriving the patient of voluntary motion, does not abolish sensibility and is on this account more prejudicial than useful.

20th. In all operations on the eye chloroform can be used advantageously.

21st. Anæsthesia is indispensable in enucleation, certain operations for artificial pupil and iridectomy, etc.

22d. The various restrictions made in regard to anæsthesia in ophthalmic surgery, by its opponents, are exaggerated and unfounded.—*Cronica Medico Quirurgica de la Habana*, Dec., 1879.

Proceedings of Medical Societies.

AMERICAN LARYNGOLOGICAL ASSOCIATION.

CHOREA OF THE LARYNGEAL MUSCLES. (*Chorea Laryngealis.*) By GEORGE M. LEFFERTS, M. D., of New York.

The question may be raised with propriety, why I should regard the peculiar laryngeal manifestations in such cases as are hereafter reported as being due to chorea of the laryngeal muscles alone, and not to hysteria, as is usually done? Why depart from the beaten track of my predecessors? These questions I shall try to answer satisfactorily as I proceed. I know that many practitioners have probably met with just such instances, in which they—having made no examination with the laryngoscope, and not being in a position, therefore, to appreciate the erratic muscular movements of the laryngeal parts—have been satisfied to class them, without further question, under the head of hysteria, as the simplest and usual way of disposing of them, and hence, I may add, is probably due the fact that no instance of *pure laryngeal chorea*—that is, chorea of the laryngeal muscles alone, without any other manifestation of the disease, with one or two incomplete exceptions hereafter noticed—exists in the literature of the affection, while cases of so-called hysteria or

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neuroses, with predominant laryngeal symptoms, abound. Again, in support of the hysterical view of the question, if I may so call it, I am bound to admit that we have excellent authority for believing that the group of symptoms called *chorea major* is not a disease *sui generis*, but only the product of, in many instances, hysteria and willful simulation, Hasse, Rosenthal, Steiner and others to the contrary notwithstanding. This still further complicates the question of correct diagnosis. Finally, it is certainly easier to take a common-place view of the question—the cause of certain laryngeal conditions, such as voice, cough, etc., being obscure, the objective symptoms hidden, because the laryngoscope is not used—to take shelter in that much abused but certainly most comforting diagnostic refuge in time of doubt, hysteria. My own views changed radically when I began to institute critical examinations of the larynx during the paroxysm in such cases as those which follow, cases beyond question free from all clinical evidence of hysteria or general manifestations of chorea, but with marked laryngeal symptoms. The next step was to attribute to a trustworthy cause the reason of the involuntary, persistent, rapid and irregular movements of the laryngeal muscles as shown by the erratic motions of the vocal cords, and heard in the peculiar laryngeal noise or cry of the patient. This I believe to have reasonably found in chorea.

I understand by the term chorea a neurosis, of which the seat may be in the brain, sometimes in the entire nervous system, characterized by incessant incoördinate twitchings of groups of muscles, and accompanied by a more or less developed psychical disturbance. These conditions, or the more important of them, were certainly present in my cases, and hysteria was not.

It will not be questioned that chorea may, and not unfrequently does, affect a single group of muscles without the involvement of the whole or even greater part of the muscular system. Bristowe tells us that the most interesting of the spasmodic affections implicating speech is chorea, and that in the disease there is generally distinct affection of speech, which in different cases may depend upon spasm of the lips, tongue, larynx or respiratory muscles, or on several or all of these factors combined. Other writers show that impairment of speech depends not alone upon the choreaic disturbance of the functions of the muscles of articulation, but may be due to chorea of the muscles

of the abdomen and glottis. On this point, then, at least, we have unquestionable proof.

But we are told also that in many cases of general chorea more or less disturbance of the phonatory apparatus is the rule, and it will also be urged the same inarticulate noises, cries and curious laryngeal sounds will often be heard in hysterical attacks. How then are we to distinguish between them? It is confessedly difficult in certain cases to be sure whether psychosis, cerebral disease, hysteria or simulation is before us. This, Ziemssen informs us, is confirmed by the published observations of many authors, but I am not aware that any effort has heretofore been made to distinguish the affections one from the other, as far as the larynx is concerned, by an inspection of that organ, to analyze the phenomena there presented, and to attribute them to the correct pathological cause. I believe that here will the key to the problem be found, and by this means alone the question be answered. The laryngoscope must make the diagnosis, assisted or not, as the case may be, by the rational symptoms—violent, incoördinate, involuntary and persistent movements of the muscular apparatus of the glottis alone, mainly of the adductor muscles, as would appear from the cases before us, demonstrable, and therefore beyond question, certainly would seem to stamp the name for the disease, which I have chosen, as correct, and serve to distinguish it from the very affection with which it is likely to be confounded, viz., hysteria. In the one case, chorea, prolonged, violent, irregular and incoördinate muscular effort, lasting, it may be, for weeks or months; in the other, hysteria, evanescent spasm of the laryngeal muscles alone.

Notwithstanding the fact that I have an opportunity of seeing in the course of each year a large amount of clinical material, and that since my attention has been called to the subject, I have looked for several years for cases similar to those which I now report, I have met with but three, though I have seen in my search many of hysteria in its various forms, as affecting the larynx, and have been called upon to differentiate various neuroses of that organ, from the cases of pure laryngeal chorea, which I sought—a fact which, in connection with those that in the literature of the subject, with the exception of a paragraph in Ziemssen's excellent article—chorea of the laryngeal muscles is passed over in silence; and that I have been able to find but one recorded example of the disease in which a laryngoscopic examination

had been made, and which was consequently reliable, would seem to indicate the rarity of the affection. The above quoted author tells us that no cases of chorea of the laryngeal muscles alone have been published; the present communication will therefore certainly supply a deficiency. My cases are as follows:

Case I.—Some two years since a strong, well developed and healthy looking German girl æt. 16, was brought from her home in the country to my clinic at the College of Physicians and Surgeons, by her parents, with the complaint that the continual noise which she made in her throat had become so annoying as to be unbearable to all those about her, and that though the child had again and again been remonstrated with, and even punished, it remained as persistently constant as ever, only ceasing during the night when she slept. The noise complained of resembled a short, sharp, explosive bark or yelp, occurred at intervals of a few moments, was unvarying in its frequency, and monotonous. It was unaccompanied by any but the slightest muscular movements of the throat, and none of those of the mouth or face. The attack had commenced some four months previously, and had continued without intermission save at night. During this time the patient had never suffered from any of the various manifestations of hysteria, had never had "fits" of any description, nor irregular movements or twitchings of any of her muscles; on the contrary, she had always been strong and well, free from all sickness, even the ordinary ones of childhood; she had never been subjected to any sudden fright, been maltreated, nor associated with choreaic children, and has not emaciated nor lost health during the continuance of the affection.

An examination of the larynx, which was easily made, despite the frequency of the recurring paroxysms, showed that every few moments the vocal cords were absolutely driven sharply together, as Cohen puts it, as if by some great external force; after close and spasmodic approximation for a second or two, they were widely thrown apart, as if by the force of the pent up air in the trachea, which then rushed through the still contracted glottic aperture, with the peculiar explosive, barking sound which is noticed by the bystanders; the next second the muscles are fully relaxed, the vocal cords fall naturally back to the sides of the larynx, but immediately the whole process is repeated, as ust described. During phonation the action of the vocal cords

is normal, and a strong effort of the will, if the patient can be made to exert it, and a long, deep and quiet inspiration controls for the moment the recurrence of the paroxysm. The laryngeal mucous membrane, with the exception of being slightly hyperæmic, presents no unusual appearance.

The patient was placed upon anti-spasmodic remedies, the trial of the local use of the Faradaic current advised, and she requested to again report herself in a short time at the clinic. This she did not do, and unfortunately the result of the treatment is unknown.

CASE II.—During the winter of 1878 I had heard several times from different patients attending the clinic at the college of the fame of a "barking girl," who had attracted, from the peculiarity of her case, very considerable attention in her immediate neighborhood. She was finally brought to us for treatment, her mother stating, as in the last case, that the continual and monotonous noise or cry made by the patient had become almost unbearable. I found her to be a well developed, muscular and robust girl of 20, with rather a vacant and silly expression of countenance, and of but apparently moderate intellectual force. Her mother could tell me of no serious sickness that she had ever undergone, and was very sure that she had never suffered from any uterine disturbance nor manifestation of hysteria. She had been working in a factory for several years, had always worked well, and been, as far as her parents knew, cheerful and happy. She lived in a good and comfortable home. The patient herself conversed freely, but in a more or less irregular, jerking and spasmodic way, about her peculiar trouble; said that the spasm in her throat was entirely beyond her control, and wished that it might be cured and she get well; that the noise which she made, and which resembled the cry of one of the lower animals, a whine or yelp, very accurately, was a great annoyance to her, especially lately, when, as she believed, it had gotten worse and louder, after lasting some three months without apparent alteration in sound or frequency of the spasms. The attacks always left her at night, when she slept quietly and rested well until morning, when they recommenced at once upon rising.

An examination with the laryngoscope showed that there was a more or less constant activity of the adductor and abductor muscles of the glottis, with great irregularity of movement. Every

few moments, the vocal cords, after a preliminary restlessness and vagueness of motion were quickly and spasmodically approximated, until they struck in quick succession, several times, one against the other, even overriding through the mere force of contact, while at the same time the arytenoids were closely pressed together; the air from below is then ejected in spurts, as it were, between the lips of the narrowed glottis, giving rise under the high pressure and physical conditions of the glottic opening, to the peculiar character of cry above noted. The intensity of the attack once passed, the glottis, after an irregular pause, opens widely, the patient inspires deeply, freely and apparently with a sense of relief, breathes quietly for a few moments, through a glottis, still with twitching movement, when the attack again recurs with precisely similar laryngoscopic appearances to those just described.

The general appearance of the laryngeal parts, condition of its mucous membrane, etc., presents nothing abnormal.

The treatment of the case, though tedious, was satisfactory. After many vicissitudes and the trial of many different drugs the case yielded to belladonna, bromide of potash and electricity. The uvula, which was much elongated, was amputated early in the treatment to remove a possible cause of reflex laryngeal irritation; the result was temporary improvement, followed by a recurrence of the symptoms, which yielded later to the above means.

Case III.—The last case I have seen in my office within the past year, with Dr. J. H. Hunt. It came to him, as he says, from the wilds of Sullivan County, in this State. The patient was a laborer's daughter, æt. 15. In January, 1878, having been always previously well, she began to cough, and was supposed to have taken an ordinary cold, but a week or ten days later was compelled to go to bed with fever. The laryngeal trouble developed with the occurrence of the fever, and consisted apparently in spasm of the glottis. From the unsatisfactory account of her illness—surmised to have been diphtheria—it is judged probable that the larynx was involved. Her breathing was very noisy and difficult, and for several days her life was despaired of. As she regained strength the following curious conditions occurred, and are described in the Doctor's words: "If the patient attempted to use the voice, and even at times without such at-

tempt, spasm would occur as follows: There would be a cough consisting of several expiratory acts, each successive one shorter than the preceding, until all the air was expelled from the chest that was possible; then the patient would hold her breath, the veins of the face and neck would become engorged with blood, eyes suffused with tears, etc.; then she would inspire, and perhaps have rest for some time, or the phenomena might be repeated immediately, or several times in succession. Swallowing would produce the spasm. These symptoms continued for two weeks and subsided, leaving a loud, peculiar crowing sound with each inspiratory act. Expiration is free; at night the sound ceases; voice has always been good, even during her sickness. The patient is now perfectly healthy, florid and robust. Menstruation began soon after her recovery from the acute attack and has continued regularly since. There is certainly not the slightest history of any nervous or hysterical trouble of any kind. She has never had twitchings of the muscles, has lived an open out-of-door life in the backwoods away from large settletlements, has worked hard, lived moderately well, and never, with the exception of the above attack and the present loud peculiar cry, recurring with each or nearly every inspiratory act, suffered from any illness."

The laryngoscopic appearances are most peculiar, in a larynx in all respects normal. Every few seconds the arytenoid cartilages are violently and spasmodically approximated, forced up closely together, when the right undergoes an irregular, sucking motion, clashing against its fellow, and passing in front of it at times. The same irregular, violent and spasmodic movements characterize the action of the vocal cords, which are contracted, then quickly relaxed and quiver, all within the space of a few seconds. The spasm passes quickly, the larynx assumes its natural configuration, but again loses it as the attack recurs, as it does with regularity and persistency. The force of the attack seems to be expended mainly upon the right side of the larynx. During each paroxysm air is drawn through the narrowed and irregular glottic aperture with force and violence, giving rise to the stridulous, high-pitched crowing sound.

Tonics, anti-spasmodics and persistent use of electricity, I am informed, effected a cure within a few weeks. There has been no recurrence.

These three cases then are the only ones of the affection that

I have had an opportunity of observing, and certainly in each of them the peculiar symptoms of the disease, both rational and physical, were well marked. A fact to be noted is, that in all three instances a young girl was the victim, strong, robust and free from all surroundings which might be supposed to develope a hysterical tendency or promote a choreaic attack of either of which affections, moreover, there had never been the slightest general symptoms noted by the observing parents.

In my search through literature for similar or corroborative cases, I have met with much difficulty in knowing which of the cases that I have met with (and of peculiar laryngeal affections, characterized by spasms of the muscles, inarticulate cries and other phenomena there is no lack) to reject and which to retain as illustrative of the class of which I am speaking, viz., cases in which the irregular choreaic movements are confined to the larynx. The diagnosis has been so loosely made in the majority of instances that I read of, so much has, rightly or wrongly, been ascribed to hysteria, and so very infrequent are the laryngoscopic examinations, that a long list of possible cases can be narrowed down to only one or two positive instances. Wheeler, for instance, tells us of a girl of 12, with the following symptoms: Shoulders fixed, head thrown back, series of barking or expiratory efforts, steady increase of their violence, finally an attack every fifteen minutes during the day, no paroxysm while sleeping, cyanosis of the face, general emaciation. Laryngoscopic examination during an attack showed the epiglottis to be standing up straight, and the vocal cords to be vibrating rapidly; nothing abnormal in the appearance of the parts was noticed; and Geissler reports at some length a peculiar case, as one of "Chorea of the Larynx." Upon this point, after reading his case carefully, I am not at all sure, and certainly think that the history does not bear out the diagnosis. Aside, then, from these two cases, I find none that bear directly upon the question.

Perhaps my efforts to establish a claim for the consideration of "Chorea of the larynx" as a separate, distinct and local affection will assist in rescuing it from the doubt and obscurity, so to speak, which now seem to involve it and render the task of its identification easier for those who may perchance follow me in my study of the affection from a clinical standpoint.

Conclusions.—1. There is an affection of the larynx, charac-

terized by violent, incoördinate, irregular, involuntary and persistent action of its muscular apparatus, which, though not frequently met with, as would appear from the few recorded instances, still occurs with sufficient frequency to demand attention.

2. The peculiar symptoms of the affection, well marked as they are, would seem to justify the selection of the name given to it, viz.: "Chorea of the Laryngeal Muscles," or "Chorea of the Glottis," bearing in mind the definition of the disease chorea as applied generally.

3. "Chorea of the Glottis" may readily be confounded with "Hysteria," when the latter includes the larynx in its manifestations. Other affections of the organ are readily differentiated.

4. The differential diagnosis may be made by the laryngoscope, by the clinical history, and the peculiar character of the laryngeal manifestation.

Chorea, affecting the laryngeal muscles, produces violent, prolonged (weeks to months), incoördinate and involuntary muscular movements.

Hysteria developes, as a rule, laryngeal spasm alone, short, often voluntary, never continued regularly through weeks or months. The character of the cry and respiration are of value.

5. Chorea, it appears, may affect the laryngeal group of muscles *alone*.

Hysteria, if the larynx be implicated, will give general manifestations.

6. The prognosis of the affection is good.

7. The treatment is often tedious and perplexing. Judging from our present data, no absolute rule can be laid down; antispasmodics occasionally work well for a time, then fail. Electricity (Faradiac current) has yielded the best results. General treatment is all-important when indications exist.

DISCUSSION.

Dr. Knight, of Boston, remarked that the first case of the kind which he had seen was that of a "barking man," who was about the streets of Boston fifteen or more years ago, and whom he believed to have been a wounded soldier. The first case which he had had an opportunity of examining, and which was designated

as chorea laryngis, was in Schrötter's Clinic, in Vienna, in 1872. This case was published by Schrotter in his *Jahresbericht*.

Dr. Knight had since seen several cases, one in which there was a curious combination of a sort of sneeze and shout, the little patient exclaiming, "Hi—ya!"

Another quite unique case was seen by Dr. Knight in the practice of Dr. Wheeler, of Chelsea. The patient was a little girl 12 years of age. She emitted a sound, not abrupt like a bark, but a continuous note which lasted as long as the expiration. When her breath was exhausted she would gasp, take in a deep inspiration, and strike the same note again. This she repeated four or five times, then she would rest five minutes and begin again. Under bromide of sodium the interval was prolonged from five to ten or fifteen minutes. She was perfectly free from spasm during sleep. The larynx was examined during a paroxysm, and the cords seen to be closely approximated, and covered by a thin catarrhal secretion. No benefit was derived from belladonna or strychnia, but the paroxysms having continued with increasing frequency from Christmas to April, almost immediately ceased on the administration of large doses of quinine.

Dr. Roe, of Rochester, said: The cases reported by Dr. Lefferts, in the exceedingly interesting paper which he has just read, and which he has termed Chorea Laryngealis, recalls to my mind two cases almost identical in symptoms with those referred to by him, which have occurred in my own practice.

The first one I saw about five years ago, in the person of a girl 17 years old, and followed the contracting of a severe cold from exposure. She was out for an evening entertainment. While in the building a slight fall of snow occurred, and she being without rubbers, had to walk home in it, getting her feet very wet. A cough came on of a very violent and of a very loud barking nature, very much resembling the peculiar shrill bark of some dogs, the bark being so characteristic that she was termed the "barking girl." She lived at the time in a small frame house in the outer portion of the city, and children would congregate about the house to hear her bark. The cough was intermittent in character. There would be three or four loud barks in quick succession, then intermission of from one to two minutes, then a repetition of the paroxysm. During sleep they would cease altogether, but would return instantly on waking. The violent concussion of the vocal cords produced considerable laryngeal

hyperæmia, and at one time there was the appearance of a tumor growing in the lower posterior wall of the larynx. All means of treatment failed to relieve the cough. Various local applications were made to the larynx of astringent and anodyne or sedative character. Internally the bromides in large doses were given, and various sedative cough mixtures were persistently tried, but to no avail. Galvanism was also tried with like result. The hypodermic injection of morphia and atropia over the inferior laryngeal nerve would control the cough while the effect continued.

She was seen by numerous physicians, but all failed to give her any relief, and she was given up with the supposition that it would shortly wear her out. She, however, survived it, and in about six months it began to subside and afterward entirely left her.

Case II came under my care two and a half years ago. It was in a girl 13 years old, living in Brockport. In this case the cough came on slowly without assignable cause, about two months previous to the time I saw her. The only local cause to which they could attribute the trouble was, enlargement of the right tonsil, but this had been removed without benefit resulting. The cough occurred in intermittent paroxysms, like the first, but was not as loud and the intermissions were longer—about two to four minutes. The cough resembled the bark of a small poodle dog, only lower in tone. On examination laryngoscopically there was found congestion of the arytenoid cartilages and ary-epiglottic folds, and in the middle lobe of the right lung was found emphysema, which had been produced by the expiratory pressure. Local applications of sulpho-carbolate of zinc and tr. of iodine were made to the larynx—the Faradic current was applied and internally a hydrocyanic cough mixture was given. The cough began at once to subside, and in about five days entirely ceased, and she was, when heard from last, quite well.

The first case was attributed entirely to hysteria, and the second one more or less to the same cause as the cough slightly preceded her first menstruation. In neither case was there any general nervous trouble or symptoms, nor was there any special indications that it was at all connected with any uterine trouble. They were considered, however, to be cases of spasmodic cough associated with hysteria, but if those cases reported by Dr. Lefferts are genuine cases of laryngeal chorea, I am quite sure these hould be included in the same category.

THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION.

The Southern Illinois Medical Association held its sixth annual meeting at Cairo, Ill., commencing on Wednesday, January 21st, and lasting two days. The place of meeting was in one of the halls of the fire department, known as Rough and Ready Hall. This hall was well furnished and it might be said to be well decorated, as it contained a large number of flags and banners that had been presented to the department as tokens of appreciation of meritorious work.

At twenty minutes past ten o'clock, Dr. C. W. Dunning, of Cairo, President of the Association, called the meeting to order.

Prayer was then offered by Rev. D. A. Bonner.

Hon. N. B. Thistlewood, Mayor of the City of Cairo, was next introduced and delivered an address of welcome to the members of the Association. He expressed his pleasure at seeing the gentlemen present, and hoped that acquaintances would be formed that would be a benefit both to the people of the city and their visitors. It had been said that Cairo was not a healthy place, but this statement he claimed was not correct. He expatiated on the growing commercial interests of the city, and concluded by hoping that the Association would have pleasant recollections of the hours spent in Cairo.

Dr. H. V. Ferrell, the Secretary, read the minutes of the last meeting, and Dr. L. Dyer, of DuQuoin, read the report of the Committee on Publication.

Dr. Ferrell, of Carterville, moved that the St. Louis Medical and Surgical Journal be made the official organ of the Association for the year 1880, and that the Publication Committee be instructed to publish in said Journal such publications and transactions as in their judgment might be worthy of publication. This motion was carried.

Dr. Stacker read the report of the Committee of Arrangements.

On motion of Dr. Dyer, visiting members of the profession were invited to take seats.

The Assistant Secretary read the report of the Treasurer, showing a handsome balance on hand.

The Board of Censors recommended that Drs. Carleton and Berger be admitted members of the Association. The report was adopted.

Volunteer papers being in order, Dr. J. H. Norris, of Metropolis, read a paper on the treatment of inflammatory rheumatism by hypodermic injections of sulphuric ether.

A report on the subject of anatomy was read by Dr. Ferrell. The same gentleman read a paper on ergot in fibrous tumors of the uterus.

AFTERNOON SESSION.

Dr. Rauch addressed the meeting in reference to the new law now in force in the State of Illinois, for the regulation of medical practice by State Boards of Health. He explained some of the beneficial results of this law; one was that about forty persons, who had been practicing medicine under assumed names, had left the State. The act gave the public the means of knowing who were duly qualified practitioners and who were not. The law provided for a complete medical registration.

Dr. Ferrell read a paper on adherent placenta, and it was briefly discussed.

Dr. S. H. Bundy, of Marion, read a paper on anæsthetics in parturition. He warmly advocated the administration of chloroform as a means of alleviating the condition of women in labor.

Dr. N. R. Gordon, of Campbell's Hill, read a paper on quinine in gestation and parturition. This was discussed at some length.

Dr. Rainey made a verbal report of a labor case he had attended. A discussion followed in regard to the effects of injections into the uterus.

In the evening a popular address was delivered by Dr. C. H. Hughes, of St. Louis, on "Aphasia, its medico-legal aspects, etc." This address was eloquently delivered and well received.

SECOND DAY.

A paper was read by Dr. McKenzie, of Chester, on the use of hot water in uterine hemorrhages. This paper was discussed by several members.

The Association proceeded to an election of officers; the ballot was dispensed with, and the following officers were elected by acclimation.

President: Dr. W. A. Gordon, of Chester.

First Vice-President: Dr. S. H. Bundy, of Marion.

Second Vice-President: Dr. J. T. Binckley, of Shawneetown.

Secretary: Dr. L. E. Stocking, of Anna.

Assistant Secretary: J. K. Berkebile, of Millstodt.

Treasurer: Dr. L. Dyer, of Du Quoin.

Dr. J. S. Dodds, of Anna, read a paper on the use of hot water in the uterus. A discussion followed.

A discussion took place in regard to the next place of meeting of the Association. The merits of Du Quoin and Shawneetown were discussed. The latter place was agreed upon.

A discussion arose in regard to a proposed amendment of the by-laws of the Association, to the effect that no member should admit a medical student to his office without his having given proof of classical attainments, and any member so offending should be suspended from membership.

An amendment was proposed to the effect that the penal clause be omitted. This was ruled out of order, the necessary notice not having been given, and the resolution failed to pass.

Dr. Binckley, of Shawneetown, reported an interesting surgical case, presenting some peculiar features.

Dr. Gebhart, of Hot Springs, read a paper on the virtues of the waters of Hot Springs. He gave the result of the analysis of the waters by distingished chemists, and also detailed the efforts he had made in that direction. An attempt was made to explain the curative principles of these waters, and suggestions were made as to the class of cases in which they would probably be of service. The speaker exhibited rocks that had been found in the waters of the springs. He also presented, on behalf of Messrs. Shea & Garratt, of Hot Springs, a handsome diamond, to be worn by the President of the Association during his term of office, and then to be turned over to his successor.

Dr. G. J. Engelman, of St. Louis, read a paper on post partum hemorrhage.

Papers were also read by Drs. Marshal and Binckley.

In the evening Dr. W. Dickinson, of St. Louis, delivered a popular lecture on the human eye in health and disease. The lecture was illustrated by a large model of the human eye which

was capable of being taken apart, so as to give the audience a clear conception of the formation of the organ of sight.

The JOURNAL, its Editor and its Stenographic Reporter, Mr. J. Brown, were well received, and the latter two were handsomely entertained.

The Association adjourned to meet at Shawneetown, Ill., on the third Monday in June next.

WORDS OF ENCOURAGEMENT. By P. S. WEIDMAN, M. D., of Marine, Ill.

To maintain the Madison County Medical Society in the high position it now occupies, we should conduct our meetings so as to make them practically beneficial to every attendant. Petty jealousies, partiality and favoritism should not be known among us. Let us strive to impart knowledge to each other by relating new facts of common occurrence gathered from our practice. It is in this way that our profession will continue to make advancement towards perfection. We can, in a great measure, accomplish this by reporting cases in our own every-day practice—not by stating the views of an author. Our own experience in the treatment of disease, and our errors and blunders, should they occur, during our efforts to do good, are fully as instructive as our greatest successes. The failures of the thoughtful, studious physician are always as instructive as his successful efforts. It is the ignorant alone who do not make blunders; they are either too blind to see them, or they are not honest enough to report them; we hear of them through accident, and not through the Society.

It is frequently noticeable in our medical societies, as is so often seen in many of our medical journals, that the want of study is plainly and painfully observable. Again, it is very frequently a difficult matter to sift the true from the false, the practical fact from the theoretical views. This ought not to be so. One of the objects of our meetings is to encourage us in the thorough study of our profession. Every subject that is brought before us should be thoroughly discussed, and great care should be taken that no wrong impressions be left on the mind of any person present.

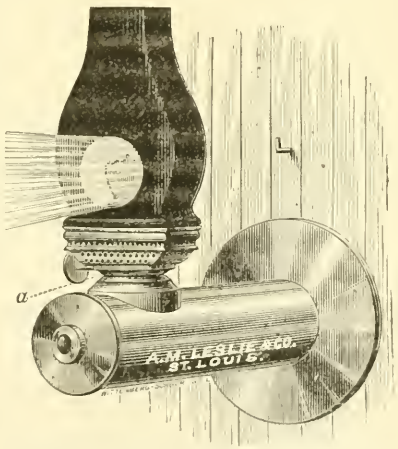
If at each of our meetings we can add but a mite to our stock of knowledge, in the near future these mites will, by indicating new truths that will in turn overthrow erroneous doctrines, become the foundation of governing facts. It is in this way that we will help to make the practice of medicine approach more nearly to a scientific basis.

ST. LOUIS MEDICAL SOCIETY.

Saturday, January 17, 1880.

Illuminating Lamp.

Dr. Wm. Porter exhibited a lamp for office examinations (Fig. 6), and said: I have often been at a loss when inquired of as to a suitable artificial illuminating apparatus for laryngoscopic work. The requirements of most physicians are: good light, simplicity of construction, cheap first cost, and for the country practitioner, it must be independent of gas. This brilliant light is from a lamp with a horizontal reservoir which is supported by a small hook in the wall. If several hooks are placed at different heights, the lamp may be raised or lowered at pleasure. The burner is constructed so as to give a very wide flame, and turns



Porter's Laryngoscopic Lamp.

Fig. 6.

easily where it is joined to the reservoir at *a*, so that the greatest amount of light may be thrown in any direction, right, left, or direct. The chimney is of heavy glass, coated with silver, except the bull's-eye corresponding to the widest part of the flame. The silver, backed with varnish and baked, is unaffected by heat. The chimney thus forms back of the flame a convex reflector, while in front it is concavo-convex. I have had this on trial in

my office during the past month, and found that with common oil, the light is all that could be desired—better than that from many of the more expensive instruments. The lamp complete can be obtained from Messrs. A. M. Leslie & Co., of this city.

Meningocele.

DR. J. P. KINGSLEY introduced to the Society a little child, and said: Mr. President, I have a case to present this evening of rather more than usual interest in consequence of its comparative rarity. The little patient before you was brought to my clinic at St. John's Hospital a short time since for the purpose of having a proboscis or second nose removed, the mother believing it to be such. She stated, on presenting herself, that a short time before her confinement, for the first time in her life, she saw an elephant, and that she believed the protrusion was due to the impression made upon her mind at the time. In addition to this tumor, the eye on the right side is rudimentary, it being not more than one-fourth the normal size. Otherwise the child, which is now four months old, is normal, healthy and well nourished.

The case, in reality, is one of meningocele, which is a congenital affection. The site of the tumor is directly over the site of the nasal bones, which are not present in this case; in fact there is always an opening through the bones at the point of protrusion of either meningocele or encephalocele. The tumor is in the median line, and almost an inch in diameter. It has been increasing slowly since its birth. At birth it was probably a half an inch in diameter. It consists of the membranes covering the brain, and a fluid contents, as is evidenced by its fluctuation, transparency, distension on crying, and the facility with which it can be reduced. These facts also evidence its connection with the brain. The effusion, however, is entirely outside the brain, being between the brain and its coverings. The most common site for these tumors is at the occiput, behind the foramen magnum, and at the junction of the frontal and nasal bones, as in the present instance.

These tumors vary in size, from the size of a pea to that of a child's head. Sometimes these tumors are partly filled with the membranes of the brain, which become hypertrophied after their protrusion. Sometimes, also, there is a partial protrusion of brain substance.

PETROLEUM JELLY

VASELINE.

(CELATUM PETROLEI.)

Awarded a Silver Medal at the Paris Exposition.

Bronze Medal and Diploma Awarded by the American Institute for 1874.

Vaseline is an admirable preparation for many of the uses mentioned. As a base for ointments it has given good satisfaction, while its freedom from rancidity or liability to become rancid gives it great advantage over many animal and vegetable fatty bodies. We deem it an article of great value and deserving of special mention for the above purposes. Bronze Medal Awarded.

Signed by { P. W. BEDFORD, Chemists. ISIDOR WALZ,

Awarded a GRAND MEDAL and DIPLOMA at the U. S. Centennial Exposition, Philadelphia, 1876.

REPORT OF JUDGES.

"Novelty, great value in pharmacy, unequaled purity, and superiority of manufacture."

The attention of physicians, druggists, and hospitals is called to this article, and to the fact that it is favorably regarded and extensively used, both in the United States and England, by the profession, and by pharmacists for OINTMENTS, CERATES, etc.

As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES, OR ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equaled by any known substance.

In the treatment of **Coughs, Colds, Croup, Diphtheria,** and of **Throat** and **Chest** complaints, the best results are obtained.

One Pound Cans, $1.00; Five Pound Cans, $2.50.

From the London LANCET, January 5, 1878.

We have before noticed this preparation of petroleum in terms of warm praise. It is of the consistency of butter, is perfectly free from odor, and does not become rancid. We have now before us several new preparations made from it, which *are so useful* as to call for remark. They are a *pomade, a cold cream,* and a *camphor ice,* all of excellent quality. We have tried all of them with most satisfactory results, having found them greatly superior to the preparations in common use.

No. 18 West 23d Street, New York, Sept. 14.

Dear Mr. CHESEBROUGH:

I am using Vaseline so much, and with such good results, that I should hardly know how to get along without it. In the various forms of Eczema, Tetter and ulcerated sufaces it acts very promptly. In Ulceration of the Ear, with or without discharge; in Nasal, Laryngeal and Bronchial Catarrh, it ranks among the very best of our remedies, often given relief when all else have failed. I have found it of great value as an external application in Rheumatic Swelling of the Joints, Muscular Pains, and severe Neuralgia, Hemorrhoids, Chronic Inflammation of the Lids of the Eye, Chilblains and numerous other troubles. It is, in my estimation, one of the most valuable remedies in our armament of drugs.

Yours truly,
EGBERT GUERNSEY, M. D.

Extract from Report of Dr. Galezowski, Distinguished French Oculist.

"Vaseline is the best pharmaceutical preparation in the making of ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lanson. I then procured the 'Vaseline' myself and I have experimented with it for four months on over one thousand patients and I must declare that the knowledge acquired by practice has surpassed my expectations by far. * * * * I have also prepared large quantities of eye ointments with 'Vaseline' and have employed them on numerous maladies with very great success, and I can affirm that 'Vaseline' is very precious in ocular therapeutics and must replace all the ointment in use at the present time. * *

In conclusion, on account of its unalterability and its great affinity for perfumes. I believe that 'Vaseline' merits the attention of the scientific and industrial world."

Silver Medal and Diploma Awarded by the American Institute for 1875.

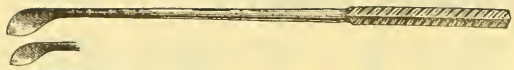
This article is of great value as a base for Cerates, Ointments, etc., and for Medicinal and Toilet uses, and is superior to the present bases used for Cerates, etc. It deserves the patronage of the profession, and shows maintained Superiority. A Silver Medal Awarded.

Signed by { E. W. HUNT, M. D. NEWTON SQUIBB, M. D. Chemist. S. R. PERCY, M. D.

Chesebrough Manufacturing Co.,

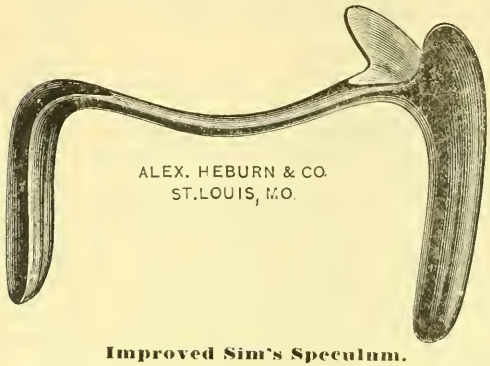
110 Front St., New York.

Pomade Vaseline, Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap, are all exquisite Toilet Articles made from pure **Vaseline,** and excel all similar ones.



Nasal Curetts.

Alex. Heburn & Co.



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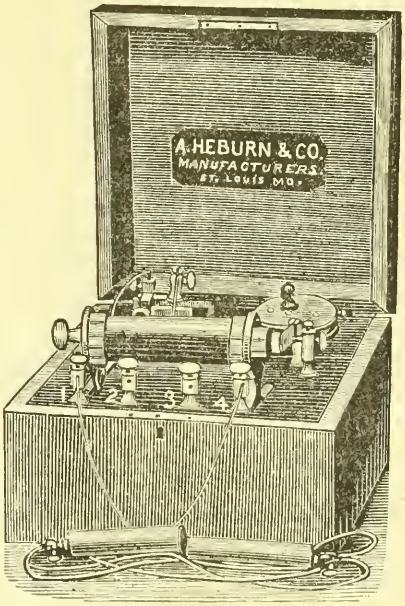

A full line of Office and Family Machines kept in stock. Galvano-Cautery for operations kept ready for use.

Special attention to repairing Batteries of all kinds. Battery Fluids and materials of all kinds. Battery Plates, trimmings, etc., kept in stock.

Refer to the Medical and Dental Profession of Saint Louis.

Genuine encephalocele consists of a hernial sack filled with brain substance. Such tumors, however, are not apt to increase in size. They arise probably from a pressure of fluid in the ventricles, forcing the brain out through the unossified parts of the cranium. Whether in these cases ossification has been prevented by the pressure from within, or whether the tumor is a result of an arrest of development, has been a question between authors. I am inclined to the opinion that there is, from some cause yet unknown, an arrest of development.

The diagnosis is of importance in these tumors, in consequence of the liability to mistake them for nevus, sebaceous and other tumors. Serious mistakes have been made, which have resulted fatally. Hewitt gives an account of an operation performed by Tatem, in which a portion of the protruding brain was removed; the patient, however, made a favorable recovery.

In making a diagnosis it is necessary to ascertain whether the tumor is fixed or not, what the effects on pressure are, whether there is an opening through the cranium or not.

The rule in relation to congenital tumors is not to attempt an operation until you are perfectly satisfied that they are in no degree deducable that pressure produces no head symptoms, and that their bases are free from the bones of the skull.

Dr. J. S. Moore said that about thirty years ago he attended a lady whose boy was born with a tumor on the back of his head; it apparently consisted of a portion of the brain and its coverings. There was an absence of bone. The tumor continued to grow until the child was about a year old. In consultation with Dr. Barbour, of this city, who died of cholera in 1849, it was determined to remove the tumor. A ligature was tied around it and it sloughed off. The disease was accompanied with strabismus. The patient recovered and is living in this city at the present time. The young man is considered semi-idiotic, and it is supposed that the tumor contained a portion of his brain. The brain symptoms were so severe that it was thought he would die if the operation was not performed. As a dernier resort the ligature was tied around it and it sloughed off.

Dr. F. J. Lutz said—In this connection, I will briefly make mention of a case which came under my observation last summer. The patient was a well built, young man, of medium height, about 23 years of age, whom I treated for some other

trouble and in whom I noticed a tumor, the size of a walnut, situated over the outer corner of the right eyebrow. I learned from him that it was congenital and gave him no trouble. The tumor was elastic to the touch; around its base could be distinctly felt the edge of the absent frontal bone; pressure upon the tumor and certain positions of the patient, seemed to empty its contents into the cranial cavity. For these reasons I considered it a hernia of the meninges.

Let me ask Dr. Kingsley what course he intends to pursue in his case. To-day I operated on an infant three days old, who had a bifid spine. The cleft is in the eleventh and twelfth dorsal vertebra. The sac was ready to slough and I simply laid it open and dressed the wound antiseptically, but I doubt a favorable issue. A similar relation exists between the parts involved in the case presented, and apparently the indications for action are quite as urgent.

DR. KINGSLEY—It is certainly very true that there is a relation between the brain and the cranium, as there is a relation between the cord and the spinal column, precisely the same. It might be of advantage to evacuate the fluid, for it is certainly a great deformity. There is sometimes some difficulty of diagnosis; not unfrequently such cases have been operated on when the nature of the symptoms had been mistaken. It happens sometimes that these tumors contain a portion of the brain. In some cases recorded, the membrane is hypertrophied.

DR. T. F. PREWITT—I would say these cases are very rare. Any operation is more than likely to be followed by meningitis, as you have to deal with the lining membrane of the sac. As Dr. Kingsley says, there is sometimes a layer of brain matter in the tumor. In regard to the case to which Dr. Lutz refers, I would say that in all probability it was not an encephalocele, but a congenital sebaceous cyst—one of those sebaceous cysts where the bone has been corroded or never developed—that is a point in doubt. That is usually the site of these cases of congenital sebaceous cysts. They increase with the growth of the child, but any encephalocele in such a position would be exceedingly rare. Encephalocele occurs almost invariably at the normal opening of the skull from the root of the nose, the occipital protuberance, or the anterior fontanel. Sometimes they have been found at the base of the brain. I think Dr. Pollak reports a case where a

long pendulous tumor was found in the mouth. He cut it out, and the child died. Where there is a tumor about the orbit that can be pushed in that way, it is more than likely to be a congenital sebaceous cyst. This is not the site of an encephalocele. It would be something unique to find an encephalocele there, and the fact that the man has lived to adult life is against it, as they are likely to die. Occasionally they are not very marked, not very prominent, and consequently closed up. The best treatment is to trust to a support. If they can be pressed in without producing unpleasant symptoms, that might be advisable, although it would not be prudent if cerebral symptoms were developed. All that can be done is to mould the support over the tumor to prevent further extension, but not to press it back upon the brain. It is sometimes asserted that there is evidence of want of development in these cases. Dr. Kingsley has not examined the eye. It is only a rudimentary eye, and there is probably other evidence of want of development in the child. When it grows older it will probably manifest a want of cerebral development as well. Operations have been sometimes successfully performed in a few cases, but this is exceptional. I doubt if any operation would succeed in this case.

Dr. F. J. Lutz — The reasons which lead me to differentiate the case which I have briefly stated are these: The contents of the sebaceous cyst are liquid; the tumor presents that peculiar roundness and elasticity which is characteristic of all the cysts; and it is probable that a case of congenital cyst (sebaceous) would have opened if twenty-two or twenty-three years had elapsed. In all likelihood changes would have occurred in the contents of the cyst which would have reduced it in the course of time. On the other hand, this cyst had been under observation of the man as long as he can remember, and no appreciable change has occurred. It could be emptied, which could not be done in a sebaceous cyst in that locality; you can flatten it, but cannot empty it. In this case I could distinctly empty the contents and feel the tumor. Then, again, there was the fact that this cyst changes its size; that it became larger and smaller, dependent upon the different positions which the patient took. If I asked him to hang his head over the bedside, the tumor became smaller, which a sebaceous cyst would not have done. Of course if I had thought it was a sebaceous cyst, I would have proposed an opera-

tion, and no doubt the man would have consented. He had consulted several physicians, and they were averse to it. The patient was comfortable; there was no defect of vision; there could really be nothing done for him. I did look up the literature on this subject, and was, of course, much in doubt as to the diagnosis.

DR. PREWITT—In relation to Dr. Lutz's position, even if it was a sebaceous cyst and extended through the bones of the skull, it would lie in contact with the meninges and would move with them, and would be influenced by the position of the head. These tumors, in the very position he refers to, have been found within the cavity of the skull. This is the usual position where they are found, and perhaps nine times out of ten a tumor in that position will be a congenital sebaceous cyst, with absence of bony tissue. It would be unusual to find an encephalocele in that position. It would not be advisable to attempt an operation; you would excite meningitis and kill the patient. It should not be touched unless there is some urgent reason for it, unless it was interfering with the brain. As to the probability of its being ruptured, that can hardly be the case. We have seen these sebaceous cysts last for years without ulceration. I am still inclined to think it is a sebaceous cyst. I think the Doctor could have demonstrated the matter safely by the use of the aspirator. If he found cerebral spinal fluid it would have determined the question; until this is done I should not be disposed to admit that it is an encephalocele.

Neurodectomy and Nerve Stretching.

DR. PREWITT—During the month of December a lady came to me from the interior of the State, who had been a victim of neuralgia for many years. The suffering was limited almost to the infra-orbital nerve and the superior dental nerve. Her health was much impaired; an attempt to bite anything would cause intense agony; she had all her teeth drawn to relieve her toothache, but it was of no avail. I advised resection of the infra-orbital nerve. I operated about the 9th of the month. An incision was made over the infra-orbital foramen. The contents of the orbit were then lifted up without raising the periosteum, with an ordinary spatula. I followed the track of the nerve, made an incision through the periosteum, passed a little hook under

the nerve and lifted it up. I injured the artery, which annoyed me very much, because the day was dark and I did not have good light. I had to light the gas and use a reflector to detect the artery and check the hemorrhage. The connective tissue was laden with fat. I had nothing but a pocket speculum, and the fatty tissue would roll around it and obscure the view of the nerve. Some years ago I reported a similar case, but in that instance I lifted up the periosteum from the bone, raising the contents of the orbit and the periosteum, making a firm membrane that served to prevent the difficulty I had in this case. The first operation was in accordance with the suggestion of Wagner, of Germany. He advised the operation in that way and suggested an instrument for keeping up the contents of the orbit. It is a spatula with the concave surface downward. It serves as an elevator and reflector at the same time. The little hooks on it are also suggested by Wagner. The hooks turned in different directions, for the convenience of the two sides.

The first case I operated on was some ten years ago, I think. This patient had also suffered from neuralgia for about fifteen years. The infra-orbital nerve and the superior orbital nerve and their branches were involved, He has had no neuralgia in the infra-orbital nerve, but in the other branches of the nerve; but he has not suffered to any such extent as before. At that time he was most fearfully afflicted with neuralgia; his arms were tattooed with a syringe he had been using; he had one of his own, and there were abscesses over his arms and breast on account of the punctures he had made. I think the bad results following the use of the hypodermic syringe are due to bad management of the instrument and to the fact that the solution is kept.

Dr. Johnston — Sir Astley Cooper cut the nerves for curing neuralgia. That great surgeon was convinced this practice was not followed by success. And those who have read Sir Astley Cooper's works will find his statements on this subject. It has now become a doctrine that a disease can start from a local point of irritation, and that a change of nutrition ultimately affects the whole organism. It is a practice among surgeons to excise the nerves that manifest a local irritation. The next question that comes up to the thinking mind is, what causes this irritation? We, Mr. President, in the Mississippi Valley are in the habit of saying it is malaria, change of temperature, change of humidity;

there is something developed, it is absorbed by the system, and those who have read Radcliff on neuralgia will find he contends there is a depleted condition of the system dependent on influences that derange the nutrition and affect the nervous system. Now, if that be true, that neuralgia depends upon external influences, we must get at the true inwardness of the pathology of the nerve neurosis we call neuralgia; we must determine whether it depends on local irritation; whether it will cease on a particular part of the nerve becoming severed. If, on the other hand, it be true that neuralgia is a local disease of the nervous system, then surgeons are justified in excising the nerve that is affected. I believe neuralgia depends upon some external cause, on something we have inhaled from the atmosphere or swallowed into our stomachs, and a want of proper nutrition of the system.

DR. LUTZ — I do not wish to champion neurotomy or nerve-stretching, but Dr. Johnston is too philosophical if he maintains that we ought not to do anything in medicine or surgery for which we cannot give the exact explanation. If we were to wait until we determined the true inwardness of things, our patients would very often grow tired of waiting for relief. As to nerve-stretching, I believe that I had the honor of being the first to perform it in St. Louis for sciatica. For three days there was no pain, but on the fourth it returned, and the man is still a sufferer. It has been found that nerve stretching has brought about relief from neuralgia, but how the change is brought about is not distinctly explained. Certain it is, cases have been benefitted, and we must give our patients the benefit of what may possibly do good.

DR. A. C. BERNAYS reported a case of nerve-stretching for sciatica. The patient was a coal miner. He was exposed to changes of temperature, to inclemencies of the weather, and caught cold. There was no hereditary taint in the case to account for the sciatica; nothing but exposure. He was a strong, heavy, healthy man in every respect. His mental qualities were exceedingly bright; he was a man, however, easily excited, and was a perfect tyrant at home, as I heard from his relatives. He would fly up at most anything, and exhibit symptoms bordering on insanity. His was sciatica of the very worst description; it extended from the origin of the sciatic nerve down to the external malleolus. There were three points that were especially

painful. He had been treated before he came to me by other physicians; had been taking quinine in enormous doses. I gave him as much as sixty grains in one dose. Dr. Hughes advised me to give him forty grains twice a day. I gave him eighty grains of quinine, forty in the morning and forty in the evening, twelve hours apart. It had no effect on the disease, and I discontinued it. He had been taking arsenic also. I used the galvanic current with advantage, giving him two sessions a day. At first I only gave him three a week, but I gradually increased the number. This treatment was followed by considerable benefit; he could sleep two or three hours at night, whereas he had not slept three hours in succession for a long time before. I did not succeed in relieving him entirely, however. When I stopped using the galvanic current (he would be away a week or two sometimes) he would have his pain as bad as ever, and I concluded to perform stretching of the sciatic nerve. I made an incision four inches long, beginning about an inch and a half above the fold formed by the gluteus maximus. The man being fat, it made a formidable looking cut. The nerve was easily found in the bottom of the wound. I caught it with my index finger, and pulled upon it from the center to the periphery as hard as I could pull, the force representing about seventy-five pounds. Then I pulled the sciatic nerve the other way. The immediate effect was, that the limb was paralyzed for at least three hours. I borrowed Dr. Hughes' æsthesiometer to try if he could feel the points of the instrument. The limb was anæsthetic for at least three hours; gradually sensibility returned; about 8 or 9 o'clock in the evening he could move the limb just as he pleased. He had no pain that night. Next day there was a genuine neuritic inflammation of the nerve sheaths, and that caused him excruciating pain, as bad as the pain of the sciatica. That lasted eight or nine hours, and then gradually subsided. The treatment of the peri-neuritis consisted of hypodermic injections of morphine. The wound healed kindly. I dismissed him, and he left the city about one month after the operation. He could sleep at night.

Dr. Lutz — Was the pain absent all that month?

Dr. Bernays — Not during the time he had inflammation of the nerve. He left the city, and I have since learned that he landed in an insane asylum.

Dr. Lutz — You do not know, then, that he was benefitted?

DR. BERNAYS — I know positively he was free from pain to my certain knowledge, for about ten days before he left the city; he was then without pain. He went down to another part of the State, and I cannot tell what happened there. I think the case can be put down as a success. I think the pain came back, and the insanity is based upon the return of the disease, to a certain extent. I wish to say it is a mooted question whether stretching of the nerve is as efficient as excision. Nussbaum claims that excision ought not to be performed, because after excision there is always a return of the pain.

DR. C. H. HUGHES—I believe that nerves ought to be stretched with great caution. I should certainly hesitate to apply a force of sixty or seventy pounds to even a sciatic nerve. Now, it is well known that the peripheral irritation, long continued, gives rise to morbid conditions in the nerve centers, which persist after the excision of the nerve, or after the stretching process. This is the only manner in which persistence of pain after exsection in the course of the nerve can be accounted for. It is the only manner in which you can account for the persistence of the morbid sensation in an amputated limb or nerve. Nothing is more common than for a man who has lost his leg to complain of sensations in his toe or sensations in the stump, and the only explanation I have heard at all satisfactory, is that the morbid condition set up at the origin of the nerve persists after the cutting off of the nerve in its course. What I rise to state is that it is possible, by reason of the changes produced by the peripheral irritation in the nerve-stretching, for sensation to exist at the peripheral extremity of the nerve. It is also true that irritation in the periphery may give rise to the most serious consequences in the central nervous system, while nothing is more common than for epilepsy to be peripheral in its origin, rather than central.

Some gentlemen have gone so far as to state (though I don't concur in the statement), that there is more insanity out of the brain than in it. A gentleman in New York, the other day, reporting on the condition of one of the insane asylums there, came to the conclusion that people were not insane in their heads at all, but insane in their genital organs, insane in their liver, and elsewhere. It is a fact, as old as the history of medicine, that irritation in the liver is capable of giving rise to a deranged condition of the brain; we can go back to the time of Hippocrates.

in su ,port of this view. Hepatic trouble may give rise to melancholia, and it is not necessary for Dr. Bernays to invoke any other cause than the possible peripheral irritation for mental troubles. Precedent is all right sometimes. For my part I should hesitate a long time before stretching a man's sciatic nerve for neuralgia, to the extent of sixty pounds. I should expect such a process to obliterate all the vitality in that nerve or bring about a peri-neuritis that would result in the destruction of the nerve, or give rise to some dire consequence.

Dr. Borck inquired what amount of force put on the nerve would produce beneficial results. It was the practice of Prof. v. Nussbaum to raise the limb by pulling on the nerve, that is, the number of pounds required to raise it, had the desired effect on the nerve.

Dr. Bernays said as to the amount of pulling, he thought that he had not pulled enough; the next time he would do considerably more. He believed that the operation never failed.

Dr. Hughes said in regard to the case reported by Dr. Bernays, he did not wish to leave the impression that the insanity resulted from the operation, though he would not be surprised at such a result, were that the only factor; but there was another important factor, the malarial influence to which the patient was subject and his antecedent history. It would be unfair for him to draw the conclusion that the operation drove the man to insanity.

Book Reviews.

A System of Medicine. Edited by J. Russell Reynolds, M. D., F. R. S. With numerous additions and illustrations by Henry Hartshorne, A. M., M. D. In three volumes. Vol. II. Diseases of the Respiratory and Circulatory Systems; pp. 923; large 8vo. For sale by Jas. H. Chambers, publisher, 305 Locust street, St. Louis. [Philadelphia: Henry C. Lea, 1880.]

We have just received the second volume of this most excellent work. This volume is devoted to the diseases of the respiratory and circulatory system. Dr. Morell Mackenzie occupies forty-five of its pages on diseases of the larynx. He treats of acute and chronic laryngitis, morbid growths, neuroses, primary and secondary diseases and laryngeal phthisis, ending with several pages on the use of the laryngoscope.

Wm. Squire, L. R. C. P., London, occupies thirty-four pages on croup.

Diseases of the thoracic organs are treated by Sir Wm. Genner and Dr. Hyde Salter.

Dr. J. Hughes Bennett occupies thirty-six pages on phthisis pulmonalis.

Dr. Wilson Fox occupies 116 pages with pneumonia.

In this way all the diseases of the respiratory and circulatory organs are treated at length by the very best of writers, those well known to the profession. There are twenty-two contributors to this volume, making it, in every respect, one of the best works on this subject in the English language.

A Dictionary of the German Terms used in medicine. By George R. Cutter, M. D.; pp. 304; large 16mo. [New York: G. P. Putnam's Sons, 182 Fifth avenue.]

The Transactions of the American Medical Association. Instituted 1847. Vol. XXX, pp. 1028, 8 vo. [Philadelphia: Printed for the Association. 1879.]

Minor Gynæcological Operations and Appliances for the Use of Students. By J. Halliday Croom, M. B., M. R. C. P. E., F. R. C. S. E. [Edinburgh: E. & S. Livingstone, 57 South Bridge. 1879.]

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D., B. Sc., F. R. C. P. With illustrations. Third American, from the fourth London edition; pp. 1041, 8 vo. [Philadelphia: Lindsay & Blakiston. 1880.]

For sale by the Hildreth Publishing Co., St. Louis, Mo.

Editorial Notes.

To Advertisers.

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Comparitive Sizes and Prices of Medical Periodicals.

In the Feb. No. of the *Southern Practitioner*, Dr. J. T. Irion contributes an article on Medical Periodicals, which is intended to show the *Practitioner* in the best possible light. This he does by giving the names, pages and subscription price of 30 of our Medical periodicals, so as to show the comparative relation between the number of pages in the year's publication and the amount of money paid, but he made— we presume unintentionally—a great error concerning the number of pages contained in the St. Louis Medical and Surgical Journal.

He quotes the *Va. Med. Monthly* as having 1008 pages, at $3.00, which is 336 pages for the dollar; *Gaillard's Med. Journal* as having 1152 pages, at $5.00, which is 231 pages for the dollar; the *Chicago Med. Jour. and Examiner* as having 1344 pages, at $4.00, which is 336 pages for the dollar, (forgetting to give the *N. Y. Med. Journal*, which is the same size and price); last of all he quotes the *Practitioner* as having 412 pages for

$1.00. In the same column he quotes the ST. LOUIS MEDICAL AND SURGICAL JOURNAL at 1128 pages, when in reality it contained over 1500 pages, at $3.00, *which is more than 500 pages for the dollar.* Even if it was a $4.00 Journal *it would then have 384 pages for the dollar,* which is more —as we have stated in our prospectus—than any $4.00 monthly. This may be bringing the subject down to a finer point than is really necessary, but it is nevertheless the truth.

Extracts of malt (*i e.,* MALTINE) are pretty widely known, but this is the *first example* of a combination of the nutritive principles of these *three cereals* (barley, wheat, and oats), that we have seen; and the greater value of this combination is apparent, as wheat and oats are especially rich in muscular and fat-producing elements. This preparation is entirely free from the products of fermentation, such as alcohol and carbonic acid, and is very agreeable to the taste. Clinical experience enables us to recommend it as a nutritive and digestive agent, in virtue of its albuminoid contents, and its richness in phosphates and diastase is likely to prove an important remedy in pulmonary affections, debility, many forms of indigestion, imperfect nutrition, and deficient lactation. It will in many places take the place of cod liver oil and pancreatic emulsions, where these are readily accepted by the stomach, and we are disposed to believe that maltine, which is less known here than abroad, is well worthy of practical attention.—*The British Med. Jour.*, Oct. 19, 1878.

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accident it would be safe to say ninety-five would get into print, while of one hundred unfortunate cases, perhaps not more than twenty would ever be reported; so that with the exception of those furnished by hospitals, nothing is so fallacious as statistics. Perhaps of all the cases occurring heretofore not more than one woman in ten has survived the accident.

Treatment.—This, as previously indicated, to be successful, must be prophylactic. We must prevent it by checking inordinate uterine action with opium and tartar emetic, chloral hydrate and chloroform, and by carefully noting cases where there is obstruction from any cause, whether contracted pelvis, large heads, rigidity of soft parts or mal-position, and timely correcting, as far as possible, all these states by appropriate treatment, abjuring *ergot* in all these. If there be mal-position, by timely correcting it the danger attending version will be avoided, and by a timely resort to the forceps we may take off the strain from the endangered uterus. By thus anticipating this danger we may pass this formidable accident over to the list of things that were; perhaps not so, but at least make it as rare in cases that have been from the first under the care of an experienced physician as have been inversion of the uterus in the Rotunda Lying-in Hospital, where only one case occurred in 190,000 labors.

Should the accident happen with the child and placenta remaining in the womb, if the head is presenting, the child should be immediately delivered with the forceps; if the breech or shoulder presents, a foot should be seized and the child extracted. If the child and placenta have escaped into the cavity of the abdomen, as is most likely in the worst cases, and the woman is in a state of great exhaustion from shock and hemorrhage, before proceeding to remove the fœtus, we may first endeavor to rally her from the excessive prostration, lest we increase this to a fatal extent. For this purpose give immediately from 40 to 60 drops of laudanum in a glass of brandy and water. Having given the laudanum and brandy, without loss of time, as every moment is of great value—as while we are waiting to rally the patient the rent in the womb is closing—proceed to remove the fœtus, placenta, etc.

If the rent is in the lower segment of the uterus and upper portion of the vagina, if the head is towards the orifice, apply the forceps, being careful not to include any parts of the mother, as intestines, etc.; if any other part than the head, seize a foot and extract the child, provided we can do so without producing additional tear. Great caution is necessary not to drag down the intestines. Having removed the fœtus, withdraw the placenta by gentle traction upon the cord until we can seize it between the fingers. The danger, however, of injuring the intestines or increasing the tear is so great that the conditions must be favorable—such as a large rent in the vagina and lower segment of the

uterus, and that little or no time has been lost—to justify the procedure. If contraction has partly closed the rent, so that there would be much difficulty and force in removing the child, or if the rent be in the fundus, better resort immediately to gastrotomy. Having carefully removed the child, placenta and coagulated blood, wash out the abdominal cavity with warm water, glycerine and carbolic acid.

The rent in the womb may now be closed with a silk ligature and short curved needle, introduced from within, which can easily be done; place the woman under the influence of opium and keep h r so as long as may be necessary. Should the presence of pus or septic matter in the abdominal cavity be indicated, wash out the abdominal cavity with antiseptic fluids through an opening in the posterior *cul de sac*, and if necessary, we can introduce a drawing tube at this point.

Pass a sponge probang down through the os uteri to secure the ready escape of the fluids from the uterus; see that no loop of the intestines is in the rent, and if this be still large, close it with a silk ligature from within, with the lower end left hanging out of the mouth of the womb for its subsequent removal, as was done by Spencer Wells in a case of gastro-hysterotomy, and treat the patient as after ovariotomy. With this procedure promptly and carefully carried out we may reasonably hope to rescue our patient from this most perilous condition.

DISCUSSION.

Dr. J. S. Moore — It has been my misfortune during my professional life to meet with half a dozen cases of rupture of the uterus. Some forty odd years ago, whilst I was a resident of the State of Tennessee, I was called to attend a lady three miles out of town, who was in labor. She was apparently a healthy woman, and her labor was progressing very well. It was not her first child, I think. On examination I found the mouth of the womb dilated, and the child's head was beginning to press on the perineum. I came to the conclusion that the labor would terminate in all probability in the course of a couple of hours. While I was awaiting the progress of the labor the patient suddenly screamed out with pain, I jumped up, ran to the bed, made a digital examination, and found the presenting part of the head was gone.

Dr. Newman — Did you give ergot?

Dr. Moore — I do not remember. I may have done so; it was very common in those times to give it. The pain then ceased. Dr. Keene, a graduate of the University of Pennsylvania, and myself, after consultation, came to the conclusion it was hopeless to attempt any mode of relief. The woman died in a

few hours. I attended a case of a colored woman, also with another medical gentleman. At first it was in the hands of midwives. Finally we were called in. My partner, then the senior member of the firm, was a brother of the gentleman who owned the slaves. There seemed to be obstructions in the upper strait of the pelvis; the head did not descend. They could not turn it, and we had no forceps. That was forty-three or forty-four years ago. We performed the Gasserian operation and found the child outside the uterus. There was no mistake of there being rupture of the uterus. Within a few blocks of this hall, there was a case in which the same difficulty seemed to exist—an obstruction of the upper strait of the pelvis. I could not turn it. I sent for Dr. Pallen; he could not come. Another gentleman came. Three physicians in all attended the case. The woman died in consequence of rupture of the uterus. I attended a case on Spring street, in consultation with a partner of Dr. Christopher. We tried to turn. Dr. Heacock tried and failed. The patient died of rupture of the uterus Dr. Carr Lane was sent for to visit a lady at Jefferson Barracks, about thirty-seven years ago. Drs. Hammond and Wheaten were physicians at the Barracks. Dr. Carr Lane was sent for,but being very much engaged he requested me to go in his stead. Accordingly I went and found the same state of things. The child's head would not descend. I tried to turn and could not do it. Dr. Pope was sent for. He came and tried to relieve her, but the woman died from rupture of the uterus. In the case on Spring street ergot was used; in the case at Jefferson Barracks ergot was used, and those on Seventh and Pine, ergot was used. I have no doubt, Mr. President, the use of ergot is calculated to produce rupture, because it increases the force of the muscular fiber of the uterus; contraction could not rupture if it had no resistance. But the uterus contains the fœtus, and it would not be liable to rupture provided the head of the child was not impacted. The ergot increases the force of the contraction, and in that proportion it puts the walls of the uterus on the stretch. I do not have the same admiration for ergot that I formerly had. I think that any skillful operator, with the forceps in these cases, could have relieved the women. The child had descended so far that it was impossible to reach the feet, but the forceps would have reached the case. The use of ergot contributes greatly to rupture the uterus. If the neck of the uterus is dilated, and the perineum well distended and not rigid, and the head of the child has reached the mouth of the uterus, you may give ergot with safety to the mother and child, but it is unnecessary in that state; the woman will deliver herself by the natural efforts of the uterus. I think ergot may be given where a woman, judging from incidents during her first confinement, is inclined to hemorrhage. In such instances I think it will do to give ergot, half an hour before delivery, as a preventive to uterine hemorrhage. In those cases only can it be given with safety.

Dr. C. E. Briggs — I would like to go back for a few moments to the origin of this discussion—Dr. Bernays' advocacy of Porro's operation, as a measure to be generally adopted after rupture of the uterus.

My attention was attracted not long ago to a case of Porro's operation, which struck me then as being rather heroic. The patient had not had a rupture, but a Gasserian operation, and the result was fatal. I have followed up the subject a little, and have made a few notes upon it, which may be worth reporting, because these cases are exciting interest in Europe, and the suggestion of Dr. Bernays does have a bearing on rupture of the uterus.

The high mortality attending the Gasserian operation has caused much thought to be directed to the sources of its danger and the means of avoiding them.

Velpeau, in his time, said that no successful case had occurred in Paris within a period of forty years. But statistics vary very much, and the more favorable percentages of recovery that are recorded are perhaps due to the fact that many fatal cases escape enumeration.

For our present purpose we need not go into the details of the dangers of the Gasserian operation, arising from shock, from hemorrhage, from peritonitis, from hernia of intestines, from metritis and from pyæmia, but we will proceed at one to an historical point. In 1876 Prof. Edouard Porro, of Pavia, in Lombardy, conceived the idea of following up the Gasserian operation by amputation of the uterus itself at the junction of the body and the cervix, and fixing the pedicle in the abdominal wound as is done in ovariotomy. Porro appears to have performed the operation but once, and successfully. His report of this case and its discussion attracted immediate attention and rivalry. If the Gasserian operation could be practically converted into one having no more danger than ovariotomy, a great point was clearly gained, and the methods of successful ovariotomy were to be closely studied and applied. This operation was called Porro's operation, and cases were reported with considerable frequency. The percentage of recovery varied as the cases multiplied. By February 2, 1879, seventeen cases were published in Continental Europe with result for the mother of nine successful cases and eight deaths, about fifty three per cent of recovery. When twenty-three cases were reported (Mangiagalli), fourteen of them were fatal, reducing the recoveries to about thirty-nine per cent. These twenty-three operations were performed under unfavorable circumstances, in lying-in hospitals; two of them were on dying women, and a third case was uræmic. We know what disadvantages French surgeons labor under, and we know the surprising mortality of their grand operations, and are therefore prepared to hope for a much higher percentage of recoveries when the surroundings of the patients can be controlled.

In the notice of thirty-three operations, the last summary I have seen (Fochier), the percentages of recoveries is given at over fifty.

The interest abroad in the operation still continues, and we shall doubtless hear further from it.

It is plain that the main point of the operation is to bring the cut surfaces of the uterus out of the peritoneal cavity; and by fixing them in the abdominal wall, the wound is made an external one, open to observation and treatment. We must observe to, that in the Gasserian section the surgeon can to a great extent select the line where he will make his incision in the uterus for its evacuation.

Now with regard to the relation of Porro's operation to rupture of the uterus there seems to be a serious obstacle to the combination of them, arising from the tendency of this rupture to occur low in the cervix and into the vagina, presenting cases in which it would be impossible to drag the whole of the internal wound to the abdominal walls and keep it fastened there.

My reply then to Dr. Bernays would be that generally it is impracticable, for the above reasons, to perform Porro's operation after rupture of the uterus; but that, in those rarer cases, in which the rupture occurs near the line of election of the Gasserian operator, that is towards the fundus of the uterus, Porro's operation may be the best treatment.

Dr. W. Johnston — Dr. Newman in his paper stated that in rupture of the uterus, relaxation was the point of rupture and not the point of contraction. He proposed to show, according to the laws of mechanics and dynamics, that Dr. Newman was correct and Dr. Maughs was in error. [The speaker then drew on the blackboard a diagram representing the uterus, the transverse, the circular and the longitudinal fibres, and continued as follows:] When labor came on it would always be found that the circular fibers were passive, and the longitudinal and transverse fibers were in a state of contraction. There was contraction at one point and relaxation at another. He claimed that if rupture took place it would be at the point where there was relaxation of the fibers. In regard to another matter, he said he never knew a physician who gave ergot unless there was uterine inertia, or unless he apprehended uterine hemorrhage. Where nature fails, after waiting a reasonable time, the practitioner should apply the forceps without hesitation. It does not demand great skill.

Dr. S. T. Newman said the paper read by Dr. Maughs, like all papers emanating from the same source, is one of great merit. It furnishes a concise and connected epitome of the soundest teachings on the subject. I think, however, Dr. Maughs has put himself to very unnecessary pains to furnish so formidable an ar-

ray of authorities, in order to demonstrate that no respectable authority held such views as I have enunciated upon the action of ergot on muscular contraction of the uterus. I think it entirely a work of supererogation, as at the ontset I said my views on the subject were original and at variance with all authority. I never said that ergot will not indirectly cause rupture of the cervical portion of the womb, or that it may not directly do so in the fundus in certain pathological conditions, and from certain mechanical causes, such as a projecting knee or elbow, which may readily sunder contracting fibers and the like. I am greatly obliged to Dr. Johnston for his timely and efficient aid in this discussion. That gentleman has illustrated in a very forcible and practicable manner how the longitudinal and transverse fibers of the uterus may cause the rupture of its cervical portion by forcing the child down against the yielding and relaxed cervical fibers, thus causing dilatation and attenuation, and, as a consequence, rupture. Dr. Johnston has also shown how certain pathological conditions, which may arise at any time in the womb, as inflammatory points or fatty degeneration taking place near the implantation of the placenta or elsewhere, will destroy irritability of the fibers involved, while the healthy fibers, still acting, will pull asunder the uterine wall at the points where inflammation or fatty degeneration has destroyed muscular resistance. This result confirms the position I have taken, and when rupture does take place in the body or fundus, it is from pathological condition or mechanical causes. I will submit this proposition to every reflecting mind: If you take an elastic band, such as is used around small packages, and stretch it to its utmost capacity, if it does not break, is it likely to do so when you permit it to contract one-half, say one foot?

Dr. C. H. Hughes — It would hardly be proper to let this discussion close without allusion to the recent and novel views of Dr. Poole in his physiological therapeutics, respecting the manner in which ergot acts. We have been accustomed to regard the agency that so controls the vaso-motor system as to promote contractility of the vessels, as stimulating in its nature. Electricity and ergot have been so classified by therapeutists, but Dr. Poole classes not only electricity, but ergot, as paralyzing agents—agents which withdraw the normal tonic influence from the vascular system and permit the inherent contractility which resides in the vascular coat to be displayed. I do not rise to advocate Dr. Poole's views, but simply to state them. They are quite plausibly and forcibly maintained, and his book, though it has not been issued many months, has been well received.

December 20, 1879.

Operation for Cancer of the Rectum.

Dr. T. F. Prewitt exhibited a pathological specimen, and said: Mr. President, I have here the greater portion of the colon of a patient who was about 60 years of age, and whom I was first called to see in September, 1878, in consultation with a member of this Society. I found her with a large and distended abdomen, especially in the track of the colon; pain, obstruction of the bowels, constipation, and inability to have an action. I learned that she had suffered more or less for a considerable time from hemorrhoids. There was great trouble even in getting the bowels to move. A simple inspection of the abdomen convinced me there was an obstruction of some kind in the bowels. The fact that she had hemorrhoids, and that the enlargement of the intestines seemed to be in the neighborhood of the colon, suggested that the obstruction was in the colon, and probably about the rectum. I made a digital examination, and some two and half inches up I discovered a constriction of the bowel. It was considerably pushed down, and presented almost the feeling of a patulous os uteri. I could introduce my finger three-quarters of an inch into this constriction. The stricture was at about the site where we usually meet it; it was evidently of long standing, and as is the case in the majority of strictures of the rectum, I regarded it as malignant. I thought there was a bare possibility it might be of specific origin, but there was nothing in her history to support that view. My diagnosis of its character was that it was malignant. The patient was considerably reduced and feeble, suffering a good deal, although there seemed to be quite an opening through the stricture. I thought we might succeed in dissolving the fæcal matter that was above the stricture by warm water injections. The patient was so much relieved by the passage of the fæces that she got up and went around for three or four months, feeling tolerably comfortable. I explained to her the nature of the difficulty and the probability that some sort of operation would be needed to give her permanent relief, or relief extending for any period of time. In February I was called to see her again. Her bowels were obstructed, tympanitic, accompanied by a considerable tenderness. She had also begun to fail, and was in fact exceedingly anæmic and greatly reduced in strength. There did not appear to be much obstruction. We employed injections, but with only partial relief. I suggested that the only hope for relief, even for the time being, was colotomy. To this she consented, and on the 21st of February I opened the descending colon in the left lumbar region.

The patient was 60 years of age, and feeble. These opera-

tions of colotomy are not very dangerous; a majority get well, and inasmuch as the peritoneum need not be opened, there is no good reason why patients thus affected should not receive the benefit of the operation. She bore it remarkably well, and got well with but very few unfavorable symptoms. She immediately began to improve, got up and went about, fattened, gained in flesh and strength, and looked quite like another woman. She had more or less trouble with the lower bowel, however; fæcal matter came through the lower bowel also. She got along pretty well until the latter part of July, when, having been out near Lafayette Park, she walked about a great deal, perhaps over-exerted her strength, and she was seized with constipation. When I saw her in this condition again there was a considerable distension of the bowels; a good deal of tenderness, and indications of a certain amount of inflammatory action, fever, etc. These I combatted as well as I could till about the 5th of June, when symptoms of perforation of the bowel supervened, with peritonitis, from which she died on the 7th of June. I made the post mortem examination, and secured the ascending and transverse colon. In the transverse colon was found a large mass of fæcal matter that had accumulated in consequence of inability to evacuate it. In fact there had been considerable sluggishness of the bowels, not because the matter could not pass out (the artificial anus still existing, and patulous), but because of the paralysis of the circular muscular fibers, the result of inflammatory action. In the act of making the operation I met some little difficulty, as the descending colon was collapsed. The guide in such cases is the kidney. The colon is found in front of and below the kidney, but I made my incision through the abdominal wall, reaching the connective tissue, and came down on the hard mass, which at first I supposed to be the kidney, but it extended down so far that I began to suspect I had a diseased bowel, and that high up, to deal with, and I was therefore in doubt respecting the nature of the presenting part, although it seemed to be the kidney; still it was so low that I had to reach down to get below, which with difficulty was accomplished. I inflated the lower bowel, Drs. Atwood, McClure and Lemen assisting me. Dr. Atwood suggested the inflation of the lower bowel through the stricture. Accordingly we inflated the bowel, and that brought it into view. This I opened, and attached the lips of the opening to the margin of the abdominal woand. The result was all that could have been expected under the circumstances. She was completely relieved, and subsequently improved rapidly. About the 1st of June she had more or less inflammatory trouble. Sudden pain was experienced, followed by general peritonitis and death. A large mass is seen surrounding the bowel, and a large rent in the peritoneal sac is discovered, being an extension of the disease, or at least an extension of the ulceration. This had allowed extravasation into the peritoneal cavity, which was the

cause of death. Any attempt to move the diseased mass would necessarily have opened the peritoneal cavity. Surgeons frequently resort to removal of the rectum when it can be removed without cutting into the peritoneal *cul de sac* behind the rectum, and it has been done successfully. A number have recovered, and have lived ten or eleven years. Such patients still live, with no evidence of the return of the disease. Cancerous diseases of the rectum are less malignant than cancer elsewhere, and when removed there is well grounded hope that they will not return. In this case it was too high up for hope of removal. I thought colotomy was the only recourse left.

DISCUSSION.

Dr. Atwood — I desire to state that the diseased mass was too high to admit of an operation for removal. There is a recent report of a cancerous diseased rectum, in which the operation was performed with success, although the peritoneal cavity was opened. The intestine protruding it was pushed back. Complete recovery resulted, so that the accidental opening of the peritoneal cavity does not necessarily, or always, produce a fatal result. At the post mortem examination I called special attention to the fact, as represented by Dr. Prewitt, that the colon was impacted, there being a large aggregation of fæces at that point; it occurred to me that always after colotomy it would be best every day to inject the bowels, for the purpose of washing out the accumulated fæces, because the colon has not power at that point to contract and discharge the contents.

Dr. A. C. Bernays—In regard to the operations for the relief of stricture of the rectum—cancerous stricture of the rectum—there can be no doubt that the establishment of an artificial anus brings great relief to the patient. The danger connected with the operation is comparatively small. I remember seeing six operations performed in one year in Heidelburg. I know it has been performed fifty times in England successfully. Deaths seem very rare after the operation. The state of the patient after the operation is very deplorable and very discouraging. The fæces discharged from the artificial anus are terribly distressing, and cleanliness is very hard to achieve. But the operation is certainly indicated in order to save life, and also to bring some relief. The relief is not complete, but it certainly prolongs life. In regard to the place of incision for performing colotomy, there has been a great deal of dispute, and it is a question whether it is not a better plan to make a small incision and open the peritoneal cavity, or whether it is safer and less dangerous to open the extra peritoneal part of the colon from the loin. Arguments in favor of the two different operations are very weighty, and it is a question that is not at all decided. My idea is that in

adults and for malignant tumor, perhaps the operation in the loin is the best, but in cases of congenital abscess of the anus in newborn children, the operation through the abdominal cavity, I think, ought to be prefered. In these cases you cannot always tell where the stricture is. If you have once made an opening in the abdominal cavity, it is an easy thing to make an artificial anus in any part of the bowel. There are cases on record where the entire colon has been absent. In this case it is necessary to take out part of the small intestine and let out the fæces. I think there can be no doubt the anterior operation is always indicated in children; but the great question comes up in regard to the danger of peritonitis, and that will be urged by those who favor the operation from the loin. I think if I had to perform the operation in a case like the one just shown us, I would perform it from the abdomen, for the reason that the discharge of fæces would be easier through an opening there. I think no one will doubt that who has had experience in cleaning out the parts.

Dr. Prewitt said the last speaker had stated that colotomy was a very safe operation, so that the relative danger could hardly be greater in opening through the connective tissues, as he suggested, but the facts did not sustain the position. Certainly it was more dangerous to make an opening through the peritoneum. He believed all surgeons would agree on that point.

Dr. Ford said that Dr. Bernays had about stated the conditions proximately under which these operations were advisable. He (the speaker) agreed with Dr. Prewitt that the conditions were well established in which the operation ought to be performed. He had a word to say about cutting into the peritoneal cavity. He was prepared to cut into that cavity, but would never consider it a light thing; it was one of the gravest things they could do. It was at all times proper to avoid that extremity if it could be done.

Dr. Bernays said he thought Dr. Ford overrated the danger of cutting into the peritoneal cavity. He believed there was less danger to make an incision into the peritoneal cavity, six inches long, with a knife, than to begin at the wrist and cut six inches upwards, both incisions being equally deep. He was ready to defend that position. In regard to drawing conclusions as to laparotomy from their success in ovariotomy, Dr. Frendelenburg, professor of surgery, and Dr. Schœnborn, and also Dr. v. Nussbaum, reported cases where they had performed gastrotomy for cancer of the œsophagus with success. Dr. Czerny had cut out the stomach in dogs, and the dogs got over the operation unharmed. He had seen surgeons amputate the uterus in Vienna. He had seen them cut into the peritoneal cavity, and some American surgeons who were present, thought it a terrible

thing. The patients got well. These cases were more recent than the text book.

Dr. Ford said he regarded what was being done in abdominal surgery as tentative, and he did not base his opinions on old text books.

Dr. F. J. Lutz said that opening the abdominal cavity was a very dangerous accident. One case had come under his observation, and it resulted fatally. The operation was for lithotomy. A small rent was made in the peritoneum, and notwithstanding all precautions possible, the patient died in three days.

Dr. Bernays asked the speaker how he knew the patient died from the effect of the rent.

Dr. Lutz said the patient died of peritonitis. He asked the questions, "What is the best therapeutic treatment of malignant stricture of the rectum?" "What is the best course when our patients refuse to be operated upon?"

Dr. Prewitt — In reply to Dr. Lutz I will say that treatment can only be palliative, of course. So long as the bowel is sufficiently open to allow fluid fæcal matter to pass we can keep the contents of the bowels in a soluble condition, and allow our patients to get along comfortably. It has been the practice in the past, to a certain extent, to attempt dilatation in these cases. But with such a condition of the bowels as exists in these cases, this procedure is a very dangerous expedient, and not at all likely to prove successful. The bowel itself in a case of cancer of the rectum is in a softened condition. The attempt to pass even a bougie, might produce a perforation. If in attempting to relieve the patient this accident should occur, the local condition will be aggravated, ulceration hastened, and in all probability also the death of the patient. It is a question of policy. The operation of colotomy rendered life more comfortable. The patient can be made more comfortable, and instead of prolonged suffering from the obstruction of the bowels, he dies in the end from the effects of the cancer. There is no question about the propriety of the operation. In regard to the immunity we may hope for in opening the peritoneum, I do not think the time will ever arrive when it will not be a dangerous procedure. The experience of the past shows us that the peritoneum is very sensitive of inflammatory action, and all the precaution we may take will not obviate that danger. With the precautions now taken, we can do it with far less danger than it was formerly done, but the immunity from fatal results is relative, not absolute. On the other hand I think we ought not to hesitate to open the peritoneum in cases when it is necessary. I agree that it is bet-

ter in cases of gun shot and incised wounds of the abdomen, where the intestine is wounded, to open the peritoneum, find the wounds and close them up. It is better to do this than to leave the patient to die, as he otherwise certainly will. Those are the conditions in which we are justified in opening—when the patient is confronted by a greater danger than the risk we incur by opening the peritoneum. To do it under other circumstances is to show recklessness of human life.

Dr. Johnston — How do you treat a wound in the bowels?

Dr. Prewitt — Stitch it up. We give our patient the only chance of life. They have always died when the small intestine has been injured by a bullet wound. We do not increase the risk. We give them the only possible chance of life they have. It has been successful in one or more cases reported by the Surgeon General in the late war. When a medical student I remember seeing a man die from internal hemorrhage, and no attempt was made to save him. He was allowed to bleed to death from a wound in the abdomen, without the slightest attempt to save him. Many leading surgeons think that this is the correct treatment for incised wounds, but they do not agree that gun shot wounds should be treated in that way. I do not see why the rule should not apply in one case, as well as the other.

Dr. Lutz thought that we should warn against the use of laxatives. When the patient craved for the stool the attendant was inclined to give him a laxative. There was great danger in that procedure. He mentioned a case that had come under his observation, where the patient had been accidentally cut, and had died of internal hemorrhage. He (the speaker) would have sewed up the wound, as there was no doubt of the propriety of such a course.

Dr. C. H. Hughes said that when he was going through the wards of a hospital in Cincinnati in 1872, a physician called his attention to the operation referred to, and pronounced it a success. He knew of a case in this city where a soldier had been shot, and the bullet entered the cavity of the abdomen. The man was fed on concentrated broth, and made a recovery with a minnie bullet in his adbomen.

Dr. Newman said he had read of an extraordinary case published in the *Obstetrical Journal of Great Britain and Ireland*. A woman who was considerably advanced in pregnancy was accidentally shot, and the bullet penetrated the womb, killing the child. The woman was carefully treated, and her life was saved. In regard to incised wounds he knew of an Irishman who was wounded with a knife some ten or fifteen years ago. The bowel

protruded and on examination was found to have been cut. The wound was stitched up, a dose of laudanum given and the man sent to the city hospital where he entirely recovered.

Removal of Calculi from the Bladder.

Dr. W. H. Ford — If there is nothing else to be said on the subject under discussion, I wish to take occasion to report two interesting cases of stone in the bladder. I think them interesting—one of them in consequence especially of the mode of operation. It was a case of lithotrity, one of the very few instances in which this operation has been performed in the West. Andrews and Lacey, of Chicago, published a pamphlet of operations in the lake region of the United States, two years ago, and state that there is only one single operation of lithotrity which they can find recorded in the last twenty-five years. This is in consequence of the general disposition of surgeons to operate by lithotomy. The patient had been under the care of Dr. P. G. Robinson, and had passed a small calculus with some difficulty. Another calculus became impacted in the prostatic portion of the urethra. In sounding for it, it was pushed back into the bladder. I was requested to operate, and did so. The calculus was about seven-eighths of an inch in diameter, and probably an inch long; it was rather below the size for which we now venture to operate. I operated by lithotrity at two sittings. The main point in this operation is to keep our patients on their backs; if we allow them to stand up to pass water, there is danger of impaction. My patient was not allowed to get up. There came an attack of urethral fever, which I combatted with tolerable success, but the patient did not get well—what was to be done? Were we to wait under those circumstances? I crushed again. The fragments passed out and the patient got well rapidly. This was in 1877, and he is now perfectly well. There is no retention of a last fragment, one great objection to lithotrity, as it is likely to become a nucleus. The patient followed my injunctions in regard to prophylactic treatment. One of his friends tells me he his been taking a quack remedy to prevent the formation of stone. Whether his immunity is due to the quack remedy or to the precautions observed, I cannot say. He has a little girl who is affected with calculus disorder, and an aunt of his is similarly affected His father was gouty. We see how hereditary calculous disorder is, in fact, as Thompson says, it is one of the diseases that is most inheritable. The case detailed is one of the few cases of lithotrity hitherto performed in the West.

Dr. Prewitt asked if the patient had the urethral fever when the operation was performed.

Dr. Ford replied — He remained in an unsatisfactory condi-

tion, and afterwards had another chill, and the operation was postponed. He did not have fever when I operated, but even if he had had fever I would have operated.

Dr. Hurt:—Did he have fever after the operation?

Dr. Ford:—No, sir; not after the bladder was cleaned out. I operated on a patient from another part of this State. The calculus was imbedded in the membranous urethra, and the urethra was very narrow, only 15 or 16 F. The patient was a gentleman of 35 years, married, and had two children. There was one stricture just behind the meatus and another two inches further down, and the entire tract leading down to the bulb was contracted. The whole urethral tract was small. I did not make any close examination of the urethra, as the parts were so exceedingly sensitive. He said it was necessary to take ether. I told him to go back, for a time, to the country, which he did. On his return I found a sound would not pass the bulbous portion. Under the anterior wall of the rectum, just behind the bladder, was a tumor, hard and rounded, about the size of a large hickory nut. I passed the sound and detected a large calculus in the urethra, behind the bulb. He said he had had trouble when 11 years of age, consequently a calculus had been there during all that period. He had great difficulty in micturition, incontinence and constant pains in the loins. Notwithstanding, he married and had had two children. I informed him the stone must be removed; no sound could be passed beyond the mass alluded to. I tried to ascertain if there was anything in the bladder, as I thought there *might* be. With the assistance of several gentlemen of this city—Dr. Bond, Dr. Rowland, and several others—I operated on him, making an incision into the perineum, when I came upon the mass. I found it was adherent to the walls of the sac in which it was imbedded. Forceps could not draw it out. I was obliged to break the mass into pieces with the forceps, and then gouge it out and scrape it away with the finger nail. It had probably been imbedded there twenty-four years; the parts had ulcerated, and a cystic membrane developed around it. This mass weighed 185 grains. I proceeded to extend the deeper incision, as I had detected another calculus in the bladder. I enlarged the opening, passed in my finger in the usual way, and extracted it from the bladder. This calculus weighed 165 grains. The patient did very well after the operation. I will say, however, I took occasion to divide the strictures in the urethra, and in doing so to enlarge the urethra itself with Otis' dilating urethrotome up to 33 French, following this up with the usual passage of sounds. I do not think he had any bad symptoms at any time; there was no hemorrhage of consequence, but his recovery was slow. Having dilated the neck of the bladder I divided the prostate laterally to some extent.

In general he is getting along well. In consequence of such extensive sections of the urethra and the linear cicatricial contraction, there is a shortening of the canal that gives rise to curvation of the penis when it is in a state of erection. This peculiarity has not been noticed in the books; in general we do not consider its tendency to contract in length. Now in this operation on the longitudinal section of the urethra there is some linear contraction. One case I operated on last year I had a good deal of it at first, but it has since disappeared. There is little, if any, incurvation noticeable.

I never allow the bougie to remain in after a urethral operation. The practice is to wait for several days. I make the section after passing the full sized sound, then let him alone in ordinary cases five, six, or eight days. I did not wish, in this case, to disturb the parts; there was a good deal of suppuration and tenderness of the neck of the bladder. The practice is not to tie in a catheter after an operation. Pass the sound and let the patient alone. The presence of the bougie in the urethra brings about additional irritation, and prevents the healing of the wound. But unless it is kept occasionally stretched there is a disposition to contraction. Otis is not correct in saying there is no disposition to contraction. I have operated many times, and there has *always* been some disposition to contraction, but it is arrested at a certain point. In a case last year I performed urethrotomy; I aspirated sixty-five times over the pubes. The sound was passed just after the operation, and every alternate day, and there has been contraction of 31 to 30. I gave the patient directions to pass the sound himself.

Dr. Lutz inquired what was the condition of the urethra in the case mentioned, patulous or normal?

Dr. Ford said it was dilated, the finger could be introduced into the bladder.

Dr. Johnston asked if by stretching the urethra we could cure stricture.

Dr. Ford said that an answer to this question would lead to a consideration of the rival claims of the different modes of treating stricture. Of course we can alleviate stricture by the use of sounds, by the method of intermittent dilatation. Continuous dilatation of course would do it in a few days, but contraction would rapidly recur, and it is full of danger. It is only applicable to certain cases, but for permanent cure I have always been an advocate, of late years, of section. By section we can secure what we require, i. e., permanent patulousness of the urethra.

Dr. Maughs asked if Dr. Ford meant it was a rare operation to cut down into the parts.

Dr. Ford said he alluded to the crushing of stone, lithotrity.

Dr. Johnston asked what was his experience in regard to divulsion.

Dr. Ford said his experience had been adverse to the operation. He knew one case that had been so treated in St. Louis, and the patient died in three days. It was one of the most fatal operations performed on the urethra.

Dr. Prewitt expressed it as his opinion that external urethrotomy was safer than internal urethrotomy.

Dr. Newman said he did not understand Dr. Ford as to his using the bougie for three or four days after section.

Dr. Ford said that when about to operate he went to an instrument maker and asked him to make a sound of a certain size and shape. He sent it to the patient and it was used at the operation.

Earache Caused by Acute Catarrh of the Middle Ear.

December 27, 1879.

Dr. Thos. F. Rumbold—I will endeavor to answer the question, "what will I do if my ear aches again to-night?"

The first instructions that should be given to a patient asking this question relate to the precautions that he or she should take to prevent the causes that usually tend to reproduce an earache.

It will be perceived from the question that the patient has not suffered pain from a furuncle, as it is not characteristic of these small abscesses to suddenly recur, but that the pain is due to acute inflammation of the tympanic cavity, consequently the mucous membrane, lining the middle ear, is still in a more or less inflamed condition, and is ready on comparatively slight causes to again resume the conditions that gave rise to pain. For this reason the instruction given to prevent the earache, should relate to the protection of the body generally, but especially to the head, neck and ears.

A flannel night cap should be worn during the time that the patient is in bed, a small piece of cotton saturated in the following mixture should be placed in the ear:

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Carbolic acid.....Mj. M.

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In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

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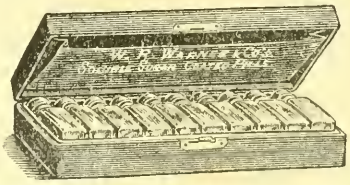

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The pledget of cotton should not be larger than a coffee bean. It should be made quite hot before it is placed in the auditory canal. A piece of cotton batting five inches square and about one inch thick should be placed over the whole side of the head and retained in this position by a strip of flannel bandage four inches wide and long enough to pass one and one-half times around the head, that is by its passing over the top of the head and under the chin. The ends that lap over each other should be placed over the affected ear, so that this ear has over it two thicknesses of flannel. The throat, the ear and the mastoid process should be freely anointed with warm vaseline. It would be well to cover the throat with a band of flannel three or four inches wide and long enough to go two or three times around the neck.

The feet should be bathed in warm water, the bath should be gradually heated to as high temperature as the patient can bear it, by the addition of hot water to the bath. Lastly, the hands should be covered with one or two pairs of cotton gloves. Many may think this last precaution singular and unnecessary, but I am satisfied from repeated observations that covering the hands has a very beneficial effect upon an earache. Those who have noticed the difference in the readiness with which a perspiration can be induced while the hands are covered by the bed clothes, as compared, with them uncovered, will readily see that the temperature of the hands has much to do with the temperature of the surface of the body, and the temperature of the body, as every physician knows, has much to do with pain in the ear.

This course will be very likely to prevent an earache, even if the premonitory symptoms should have already set in.

In answer to the question, what to do in the event the pain in the ear recurs? I would say that the patient should, after taking a foot bath, as recommended before, go to bed immediately. The gentle perspiration caused by the bath, should be maintained for an hour or two. While the foot bath is being employed, laudanum, to allay the pain in the ear, should be prepared in the following manner: A tablespoon filled with laudanum is held over the gas-light or a lamp chimney, or a candle until one-half of the liquid has evaporated. This is done to drive off the alcohol in the laudanum, which would have an irritating effect if placed within the ear. If the alcohol should blaze up while the spoon is held over the fire, the flame should be instantly blown out, if this is not done the blaze will destroy the narcotic property of the opium. To the remainder of the laudanum, remaining in the spoon, pour an equal quantity of the best glycerine, and mix them well (never use the filthy stuff called olive oil); dip a small piece of cotton into this mixture while it is yet hot. From this saturated cotton, drop five drops of the mixture into the ear, by squeezing the cotton ball, the head being placed to one side so that the affected ear will be uppermost.

After the drops of warm mixture have been allowed to flow to the bottom of the canal, the cotton pledget should be warmed again by its being again dipped into the spoon, it is then made into a roll one-quarter of an inch in diameter and three-quarters of an inch long, and gently inserted into the auditory canal. The whole ear should then be covered by a large piece of warmed cotton, four or five inches square and one inch thick. This cotton batting is retained in position by a piece of flannel, in width four inches, and long enough to go around the top of the head and under the chin. To the outside of this cotton and flannel covering, should be applied a half of a common brick, which has been made quite hot (almost hot enough to burn a cloth), wrapped with three or four thickness of a wet cloth. In this way a continuous moist heat can be applied and maintained to the affected ear. As the brick loses its heat, another hot one should take its place. It is astonishing what a high degree of heat a painful ear will not only tolerate with comfort, but will demand, to relieve the distress.

If the feet do not remain warm, bottles of hot water or such other means as will have the same effect, should be applied to them.

Should the pain in the ear still persist, an emetic of one teaspoonful each of mustard and common table salt, will in all likelihood give the desired relief. But should this also fail, then the patient should send immediately for his physician, who should make an incision into the membrana tympani.

Dr. S. T. Newman — It might perhaps be thought presumption in me if I should criticize the position of a specialist of this subject, for I well know the special claim of the speaker to treat these subjects. It seems to me there is some defect in the manner of managing these pains of the ear. In the first place I presume that the middle ear is inflamed. Frequently it is the case, frequently it is not; frequently it is a simple neuralgic affection; frequently it is connected with inflammation of the Eustachian tube, which may give rise to these neuralgic affections. This brings about these pains. While some of the treatment suggested by Dr. Rumbold is very good, but somewhat excessive, still I believe it unneccessary. I think it unnecessary to bandage the patient's head with flannels and compresses of cotton. I recognize the fact that the use of vapor baths and hot water are frequently very useful in soothing these pains. I doubt the efficacy of putting laudanum so profusely into the ear; I have frequently, when a young man in practice, resorted to these means. I then told my patients to use laudanum and glycerine. I do not remember having satisfaction in giving these applications, while I have had satisfaction in using steam and warm water. I think the plan suggested by Dr. Rumbold is excessive. He seems to lay stress on producing perspiration. We

can bring it about with more simple means. We can use jaborandi, which will be less liable to expose the patient to cold.

DR. A. GREEN — I think the treatment suggested by Dr. Rumbold is very excellent, still I am not a specialist. If I had a patient affected with catarrh, I would send him to Dr. Rumbold for treatment. In this disease the patient is liable to earache; this being the case, we should harden him. We ought to tell him to wash his face with cold water and rub it well, so that a little cold wind will not make him liable to pain in the ear.

DR. KEALHOFER — There is a much simpler method than the one suggested by Dr. Rumbold. A variety of causes bring about disease of the ear, particularly as it comes at this season of the year, in children mostly. My treatment is much more simple, much more speedy, and has the advantage of cleanliness, which I think Dr. Rumbold's has not, because of the vaseline and glycerine. It is a wrong practice to drop anything into the ear, particularly when it is likely to become hard and dry, like glycerine. It prepares for future trouble. If one has a patient who has earache, and there is no positive disease of the ear, I can give a remedy I have used repeatedly and never known it to fail. Prepare a siphon for yourself, take a gum tube, immerse one end in comfortably hot water, introduce the other end into the ear and let the current of hot water go into the patient's ear for some minutes, and in nine cases out of ten, the patient will go to sleep while the process is going on. This is my observation with troubles of this sort; in the morning the whole trouble is over. I think laudanum cannot do good in the ear. It has a tendency to relax the membrane. As the result of my observation I think the process just described, is much more simple.

DR. J. S. MOORE — I have a remedy for earache; it is this: Take equal portions of laudanum and chloroform, or sulphuric ether; moisten cotton with it and put in the ear. The evaporation of the ether or chloroform cools the ear.

DR. WM. PORTER — Pain in the ear is due to different causes. Sometimes it may be congestion; it may be acute inflammation of the middle ear, or it may be due to neuralgia, as Dr. Newman has remarked. In the latter case no treatment is better than warmth. Most of our cases recur about night-fall, and many of them are neuralgic. A stream of hot water, or a hot drink, or anything hot applied externally must do well, but if it is congestion, if there is any distension about the tympanum warmth would not do. Heat relaxes and relaxation increases the effusion, increases the pain. I think we ought to be careful in using these remedies. In some cases heat does well, and in some, harm. Where we have acute inflammation of the middle ear, I think about as good a remedy as we have is the inhalation of chloroform with iodine. I found the receipt in an old druggist's

book written a hundred years ago, and have used it constantly. It consists of a drachm of crystallized iodine dissolved in an ounce of chloroform. Let the patient inhale ten or fifteen drops each night and morning, so long as there is a tendency in the pain to recur. Of course the patient must be old enough to use this solution. In this remedy you have first the anodyne effects of the chloroform, very pleasant, and the alterative effect of the iodine. I believe the chloroform is palliative and the iodine curative.

Dr. Moore — It is difficult to distinguish between neuralgic pain and inflammatory pain. I think the prescription I have given is a good one; it is like a shot from a double barrel shot gun—you have the combination of two agents.

Dr. Williams — I do not like Dr. Rumbold's method of treating. First, it is too much of a good thing. I object to bandaging a stout, healthy man's head like an old woman. He would at least look very odd. The bandaging with flannel is unnecessary in my judgment; in fact this treatment would predispose to fresh cold and consequent aggravation the following night. I say this with all kind feeling to Dr. Rumbold. It is a friendly criticism. I do not like it because there is too much treatment. My habit of treating this trouble is, I believe, simpler, and in my judgment the best I have heard to-night. These recurring pains take place chiefly in children. Every physician knows how often he is consulted for children who have earache; it is a common condition in them. The cause, as I understand it, is acute inflammation of the membrana tympani, and the trouble nearly always comes on at night. I take it that myringitis is the producing cause of this recurring pain, acute myringitis in grown persons, and the milder form in children, when it only occurs at night. It is not acute inflammation in the cavity of the drum, because if that was the case the pain would not subside when daylight comes. We find that acute inflammation in the drum cavity progresses to suppuration. On the other hand, inflammation of the membrane rarely ever suppurates. So far as the treatment is concerned, it has been my habit for several years past to use only, and exclusively, sulphate of atropia. I and other physicians who have followed my treatment, have had satisfactory results. I use no bath of any kind, no alcohol, no chloroform, nor anything of the kind; simply drop a solution of atropia into the ear—four or five drops. Let it stay in the ear from ten to fifteen minutes; then let it run out, and dry the ear off well and let the child go to sleep. As a rule, if we must repeat the dose, two or three applications will be enough; often a single application will do. That is my method of treating. I use one grain of atropine in an ounce of water, for a child; in grown persons you can use almost any strength. As to the constitutional effects you need have no fear about that. I have used it too often to have any fear of it. I have never known it

to effect any one constitutionally. It is not advisable to apply it if there is perforation of the drum head; it might run through into the throat. In children it is well to give weaker solutions of atropine. You can use it with perfect safety even in them, as has been my uniform custom for many years. I find the results surpass anything that I have heard of in my professional experience. So far as acute myringitis is concerned, it is a specific for that trouble. I propose sometime to read a paper on the "Treatment of Acute Myringitis." I have treated three to six cases every winter; it is a trouble that usually comes on in cold weather.

I think physicians will be better satisfied with the result of a solution of atropine, than anything recommended to-night; it is not necessary to warm the atropine. If there is an abscess in the drum cavity, which necessarily goes on to suppuration—atropine will not relieve that. Neither will any treatment the gentlemen have referred to. I do not always puncture it, but resort to catheterization. I relieve the distension by catheterization. This is less formidable than the cutting operation. I use a catheter, and inflate the drum freely. It is the same in one sense as an opening—it lets out the secretion.

DR. POLLAK — What is your rationale of the effect of atropine?

DR. WILLIAMS — It is a powerful anodyne; it is the most effectual we have, and its specific action on the membrana tympani is about the same that it has on the cornea.

DR. RUMBOLD — I did not think that all that I said would meet with approbation. I shall try to answer some of the objections to my method. Jaborandi, recommended by Dr. Newman, will not relieve pain in the ear, even if it does produce perspiration. I have tried it.

The hardening process of Dr. A. Green is an injudicious one; it would not do for a patient with acute catarrh of the ear.

DR. A. GREEN — I did not say to use it on one who has catarrh of the ear.

DR. RUMBOLD — Objection has been made by my friend Dr. Kealhofer to the use of glycerine and vaseline, i. e., that they are not cleanly. If either of these remedies yield beneficial results, which could not be obtained without them, the question of cleanliness will not have much force, even if they were uncleanly, which is hardly the case. Vaseline is one of the few ointments that can be applied to the body and not give rise to an offensive odor. Again, glycerine is not apt to become dry and hard, either in the ear or out of it; neither glycerine nor vaseline can cause any secondary effect, as suggested by him; this can not be said of the frequent use of warm water, which is not unfrequently followed by furuncle of the ear. I would not

have recommended the vaseline were it not that my experience proves it to be a very good remedy. Laudanum prepared, as I have stated, does not in every instance relieve the patient of pain entirely; it would be very remarkable if it did do so, but it is always alleviating in its effects; this is saying a great deal for it. In the method I have detailed, the means of keeping up the heat to the proper temperature, which is so desirable, is provided, and at the same time of applying locally an anodyne.

Myringitis in a child or an adult is always preceded by a profuse catarrhal inflammation of the nasal passages; it is not a primary affection; it is a secondary one. I do not think that this condition of the membrana tympani can be treated successfully by remedies applied to the inflamed membrane alone; the whole system has to be treated if we expect to prevent the destruction of this important organ. The application of atropine is very beneficial, but as there is in many cases a perforation of the membrane, I have feared its constitutional effects by absorption through the mucous membrane, and for that reason I never place it in the hands of my patients, and prefer the evaporated laudanum; it relieves much quicker than the atropine, although it may not do it as completely. Yet the relief is such that the patient is able to sleep.

It may seem to some that my precautions and directions have been so excessive that they burden the patient, but in giving a course to be pursued in the worst kind of a case, completeness and exactness in directions are expected. I always advise my patients to take every precaution possible to avoid the recurrence of the pain in the ear, not only because it is an almost insufferable pain—one that for the time affects the adult patient mentally as well as physically—but because of the dire consequences that frequently follow the recurrence of an attack, such as deafness to a more or less degree, or a total loss of hearing resulting in the victim becoming a mute, if the patient is young, or, as it not at all unfrequently happens, if the patient is a child, abscess of the mastoid cells, brain involvement, followed by convulsions and death. It is my belief that nine-tenths of the convulsions occurring in childhood, are sequences of earache. For these weighty reasons I never fail to do my utmost to prevent a recurrence of a pain, and to cut it short, should it recur.

Dr. Williams — I ask Dr. Rumbold if there is such a thing as independent acute myringitis?

Dr. Rumbold — We may have an acute myringitis from an injury, but not an idiopathic acute myringitis.

Dr. Willians — I asked the question to bring him out. I have satisfied myself there is such a thing as an idiopathic acute myringitis, and it is excessively painful. There is in cases of inflammation of the drum cavity, more or less congestion of the membrane. Whether this congestion of the membrane is de-

pendent on inflammation of the drum cavity, or whether it is independent myringitis, that is difficult to make out or determine. I have frequently had these cases, and am convinced there is such a thing as acute idiopathic myringitis. In cases of doubt I took the catheter and inflated the drum cavities and found them perfectly free. There was no mucus, no secretion. In this way I proved positively there was no disease in the drum cavity, consequently the inflammation in the drum head must have been independent—uncomplicated, idiopathic myringitis. I tested the matter also by the treatment. It is a subject on which I have desired to express my views. I have had extensive experience in this trouble, and I have never seen anything equal to atropine in such a condition. On the contrary, I have never seen any good effects from laudanum. Atropine will relieve this trouble in from five to ten minutes, and the rule is, that it does not return.

Dr. Rumbold addressing Dr. Williams — Did you drive off the alcohol from your laudanum by heat?

Dr. Williams — No, sir, I did not.

Dr. Rumbold — I presume that it was not done by any one present. Laudanum, with the alcohol in it, and laudanum with the alcohol driven out of it by heat, will have very different effects on an inflamed membrana tympani.

Dr. Newman — This discussion is certainly one of interest. Many persons are affected with earache; Dr. Williams says it is the result of inflammation of the membrana tympani; that it occurs in cold weather; that it occurs at night. If that be true, why should it occur at night instead of day time? Why should it appear when the patient is in a warm, comfortable room and surrounded by conditions that ought to prevent its recurrence? Why should it appear periodical? It is remarked in this discussion that the remedy for the purpose of relieving earache, that I believe to be the most successful under all circumstances, has not been referred to. I think where this pain occurs in an adult person, where it is of a neuralgic character, there is nothing comparable with hypodermic injections of morphine; it is more likely to produce relief than anything I can name. In regard to Dr. Rumbold's objections to the use of jaborandi, I made no reference to its curative influence in earache. I said if the object was to produce perspiration, it would do. I spoke of it in connection with other remedies.

Dr. J. S. Moore — I wish to say something about the pathology of the disease. The treatment, to be scientific, must be adapted to the pathology. I understand the object of the use of chloroform, etc. Now, what is the pathology of the disease? It is nervous; it is neuralgic and inflammatory. That it is inflammatory is evident; suppuration takes place. Often we have pain in the ear without suppuration taking place. The disease is inflammatory and neuralgic, and the remedies I suggested are adopted to the character of the disease.

Dr. Williams — This pain occurs at night. Why it should occur more at night than day, is more than I know. If a man has been riding in a cold wind, then takes supper and sits by the fire and goes to bed, at about midnight he is awakened by a severe pain in the ear. That is the beginning of acute inflammation. While exposure to cold is the exciting cause of the trouble, it does not begin until night. It may be present with children in a milder form the day time, but they are occupied in playing with their toys and do not notice the trouble. When the child should go to sleep, the pain keeps him awake. I always examine the ear closely, and when I discover acute inflammation of the membrane I am certain that the pain comes from that inflammation. Then it is not neuralgia. I make my diagnosis first, and if then the pain comes from acute inflammation, I treat it accordingly; if it is neuralgia, there is no evidence of acute inflammation, then I would be forced to the conclusion that the pain is neuralgic in character, and my treatment would be that suggested by Dr. Newman.

Dr. Rumbold:—My explanation of the return of the earache at night is this: Every patient who has earache is also a victim of catarrh of the naso pharynx. While they are moving about, either in the house or out of it, the mucous membrane of the superior air passages are maintained in a moist condition by the secretions; but as soon as the patient falls asleep, whether he is in bed or *out* of it, the mouth opens in consequence of impeded respiration through the nasal passages. These passages being more or less closed by thickened mucous membrane, the fauces becoming dry, affects the Eustachian tube, which will in turn give rise to pain in the middle ear, just as the same kind of dryness may occasion, at the same time of night, a tickling sensation in the throat, causing the patient to cough, although no cough was heard during the day.

Dr. Hurt said, in regard to myringitis, he did not know more about inflammation of the ear than about inflammation anywhere else, but it seemed to him there were reasons that accounted for that pain. The pain is apt to be of a sudden character. There was local inflammation; it would be aggravated at night. An increase of the temperature was followed by the determination of the blood to the capillaries and an attack of pain. It was likely that some of the remedies suggested in the discussion, such as chloroform and atropine, might have some virtue by their cooling effect.

Dr. W. Johnston was of the opinion that the various remedies suggested tended in the same direction. If there be a deficiency in the circulation, Dr. Rumbold's therapeutics would be good. He had used the roasted onion as an anodyne. He put it to the ear while warm. Every old woman knows that it is a good remedy.

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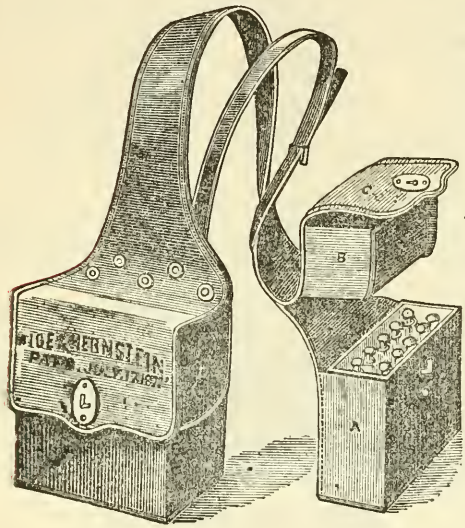

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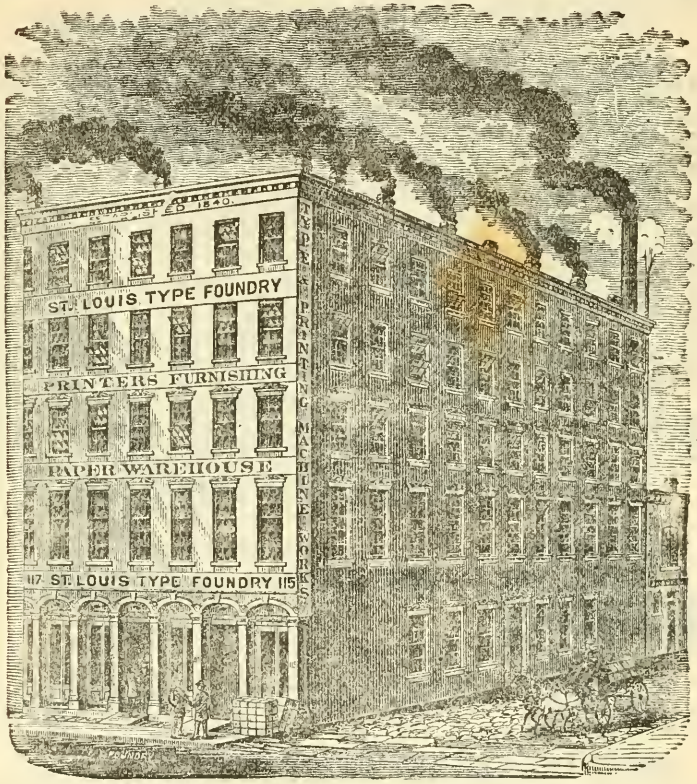

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